



# INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

## APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

**APPLICANT NAME:** ETS - Experience Transportation Services **DATE:** \_\_\_\_\_

**APPLICATION FEE: \$100.00 APPLIES TO INITIAL APPLICATIONS ONLY.**

If payment applicable, make check payable to INDIAN RIVER COUNTY FIRE RESCUE.

- This is a new application; fee is attached.
- This is a renewal of our present COPCN.
- This is a renewal of our present COPCN with ownership or classification changes.

I. CLASSIFICATION OF CERTIFICATE REQUESTED

Please check applicable boxes and options.

**Class A**      BLS     ALS

Governmental entities that use advanced life support vehicles to conduct a pre-hospital EMS ALS/BLS service.

**Class B**      BLS     ALS

Agencies that provide non-emergency ambulance inter-facility medical transport at the ALS/BLS level.

**Class C**      BLS     ALS

Agencies that provide non-emergency ambulance inter-facility medical transports which require special clinical capabilities and require a physician's order.

**Class D**      BLS     ALS

Agencies that provide non-emergency ambulance medical transports limited to out of county transfers.

**Class E**      Wheelchair     Wheelchair/Stretcher     Ambulatory Transport

Agencies that provide wheelchair transportation service only where said services are paid for in part or in whole either directly or indirectly with government funds.

**Class E1**      Wheelchair     Wheelchair/Stretcher     Ambulatory Transport

Agencies that provide wheelchair vehicle service where said services are not paid for in part or in whole either directly or indirectly with government funds.

*Received  
Nov. 16, 2016*

# ETS Experience Transportation Services Inc.

## Vehicle Roster

2014 Toyota Sienna

Vin #5TDKK3DC0E5423074

Tag #Y19IUM

Mileage 72,000

**IV. ADDITIONAL INFORMATION REQUIRED TO BE SUBMITTED WITH THIS APPLICATION:**

**RENEWAL APPLICANTS FOR CLASSES A-D NEED ONLY #'s 4 - 9**

**RENEWAL APPLICANTS FOR CLASSES E AND E-1 NEED ONLY #'s 6 - 9**

1. Factual Statement indicating the public need and services, including studies supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services, and any other pertinent data you wish to be considered.
2. Factual statement of the proposed services to be provided, including type of service, hours and days of operation, market to be served, geographic areas to be serviced, and any other pertinent data you wish to be considered.
3. Factual Statement indicating the ability of the applicant to manage and provide the proposed services, including the management plan, maintenance facilities, insurance program, accounting system, system for handling complaints, system for handling accidents and injuries, system for providing the county monthly operating reports and any other pertinent data you wish to be considered.  
4-5
4. Copy of Standard Operating Procedures.
5. Copy of Medical Protocols.
6. Copy of your insurance policy – must show coverage limits – *yes*
7. Vehicle Information. For each vehicle provide the following:
  - a. Make, Model, Year, Manufacturer *TOYOTA, SIENNA, 2014*
  - b. Mileage *72000*
  - c. VIN # *5TDDKKB3DC0E5423674*
  - d. Tag Number *Y19IUM*
  - e. Passenger capacity (E/E1 classification) *5*
  - \* f. Indicate ALS/BLS (A-D classification) *?*
8. Personnel Roster. For each employee provide the following:
  - a. Name – Last, First and Middle Initial
  - b. Driver's License # (if commercial, specify class) & Expiration Date  
ADDITIONAL INFO REQUIRED FOR A-D classifications
  - c. Emergency Medical Service Certification and # (EMT or Paramedic)
  - d. Expiration date of Certification
  - e. Whether or not has an Emergency Vehicle Operation Certificate.

*yes* 9. Fee Schedule Incl: Service Type, Base Rate, Mileage, Waiting & Special Charges

**II. COMPANY DETAILS**

1. NAME OF AGENCY: ETS Experience Transportation Services, Inc

MAILING ADDRESS: P.O. BOX 2284

CITY VERO BEACH COUNTY INDIAN RIVER

ZIP CODE: 32961 BUSINESS PHONE: 772-713-5050

2. TYPE OF OWNERSHIP (i.e. Private, Government, Volunteer, Partnership, etc.):

PARTNERSHIP (INC)

3. MANAGER'S NAME: PEDRO ROLANDO VARGAS

ADDRESS: 1837 22<sup>nd</sup> AVE VERO BEACH, FL 32960

PHONE #: (772) 453-5044

4. PROVIDE NAME OF OWNER(S) OR LIST ALL OFFICERS, PARTNERS, DIRECTORS, AND SHAREHOLDERS, IF A CORPORATION (attach a separate sheet if necessary):

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>PEDRO R VARGAS</u>	<u>1837 22<sup>nd</sup> AVE VERO BEACH FL 32960</u>	<u>PRESIDENT</u>
<u>SONJA C BROWN</u>	<u>8813 SW 35 AVE MIAMI FL 33133</u>	<u>VICE PRESIDENT</u>

5. PROVIDE NAMES AND ADDRESSES OF AT LEAST THREE (3) LOCAL REFERENCES

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
<u>PATRICK HOPKINS</u>	<u>3599 INDIAN RIVER DR EAST</u>	<u>772-231-1313</u>
<u>ANDY SEGAL</u>	<u>2046 TREASURE COAST PLAZA VERO BEACH</u>	<u>772-205-0277</u>
<u>SAMANTHA KLEIN</u>	<u>ROYAL PALM BLVD VERO BEACH</u>	<u>772-562-5015</u>

6. FUNDING SOURCE: \_\_\_\_\_

7. RATE SCHEDULE ATTACHED? YES  NO  N/A

8. LIST THE ADDRESS(es) OF YOUR BASE AND ALL SUB-STATIONS:

1837 22<sup>nd</sup> VERO BEACH, FL 32960

**III. COMMUNICATIONS INFORMATION:**

TYPES OF RADIOS/EQUIPMENT: Portable / mobile

1. RADIO FREQUENCY (ies)

2. RADIO CALL NUMBER(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. LIST ALL HOSPITALS AND OTHER EMERGENCY AGENCIES WITH WHICH YOU HAVE DIRECT RADIO COMMUNICATIONS:

FROM AMBULANCE

FROM BASE STATION

A/N  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. NOTARIZED STATEMENTS Fill in Statements as applicable.

**E or E1 APPLICANTS**

I, PEDRO Rolando Vargas, the representative of  
Applicant Name

ETS experience Transportation services, inc., do hereby attest that the  
Business Name of Service

above named service meets all the requirements of, and that I agree to comply with, all applicable provisions of Chapter 304, Life Support and Wheelchair Services.

**A-D APPLICANTS**

I, \_\_\_\_\_, the representative of  
Applicant Name

\_\_\_\_\_, do hereby attest that  
Business Name of Service

the above named service will provide continuous service on a 24-hour, 7-day week basis. I do hereby attest that the above named service meets all the requirements for operation of an ambulance service in the State of Florida as provided in Chapter 401, Part III, Florida Statutes, Chapter 64E-2, Florida Administrative Code, and that I agree to comply with all the provisions of Chapter 304, Life Support Services.

**ALL APPLICANTS**

I further acknowledge that discrepancies discovered during the effective period of the Certificate of Public Convenience and Necessity will subject this service and its authorized representatives to corrective action and penalty provided in the referenced authority and that to the best of my knowledge, all statements on this application are true and correct.

Pedro R. Vargas 11-17-16  
APPLICANT SIGNATURE DATE

Before me personally appeared the said PEDRO ROLANDO VARGAS who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn and subscribed in my presence this 17<sup>th</sup> day of November, 2016.

Gail L. Cain My commission expires: \_\_\_\_\_  
NOTARY PUBLIC

GAIL L. CAIN  
Notary Public, State of Florida  
My comm. exp. Oct. 21, 2017  
Comm. No. FF 58217 5



P.O.Box 2284 Vero Beach, FL 32961  
Office: 772-713-5050  
dispatch@experiencetrans.com  
www.experiencetrans.com

*You are not disabled. You only need a little help.™*

### STANDARD RATE SHEET

Wheel Chair.....	\$45.00 (Includes <input type="checkbox"/> 10 miles)
Round Trip.....	\$75.00 (Includes <input type="checkbox"/> 20 miles)
Long Trip 1 way (more than 50 miles).....	Call for Quote
Round Trip (more than 100 miles).....	Call for Quote
<b>DAILY'S</b> .....3 Trips per week.....	<b>\$95.00</b>

**Oxygen up to 1/2 hour \$3.00, \$10.00 per. hour**

We Are Available 24/7 ~ Regular Hours 6 am - 6 pm

**\*\*\*\* Additional charge of \$10.00 per transport for Nighttime, Weekends & Holidays\*\*\*\***

**Waiting Time \$40.00 per. hour**

### FOR MORE INFORMATION CALL:

**Pedro Vargas**  
Owner/Operator  
**772-453-5044**

*\*\* Prices are subject to change according to circumstance.*

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Waddell & Williams Insurance Group 3599 Indian River Dr East Vero Beach FL 32963-1507	<b>CONTACT NAME:</b> Patrick Hopkins <b>PHONE (A/C, No, Ext):</b> 772-231-1313 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> patrick@waddellins.com INSURER(S) AFFORDING COVERAGE:      NAIC # INSURER A : National Indemnity Company of the South INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b> ETS Experienc Transportation Services Inc 1837 22nd Ave Vero Beach, FL 32960	

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			74APS065878	06/11/2016	06/11/2017	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For hire transportation service

<b>CERTIFICATE HOLDER</b> Indian River County Department of Emergency Services 4225 43rd Ave Vero Beach, FL 32967	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE       <PH>
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