



# INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

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

APPLICANT NAME: NATIONAL HEALTH TRANSPORT

DATE: 7/11/2023

**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.

**II. COMPANY DETAILS**

1. NAME OF AGENCY: NATIONAL HEALTH TRANSPORT

MAILING ADDRESS: 2290 NW 110TH AVE

CITY SWEETWATER COUNTY MIAMI DADE

ZIP CODE: 33172 BUSINESS PHONE: (305) 636-5000

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

Corporation(private)

3. MANAGER'S NAME: Michael DeSouza

ADDRESS: 1528 SW Mapp Road Palm City, FL 34990

PHONE #: (954)616-9000

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>
Raul Rodriguez	2290 NW 110th Ave, Sweetwater, FL 33172	President

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

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
Cory Richter	714 W Fischer Cir. Sebastian, FI 33958	772-633-3929
Jen Michalowski	2150 SE Salerno Rd, Ste 108 Stuart, FI 34997	772-807-0415
Allison Parkes	1110 35th Lane Vero Beach, FI 32960	772-978-5554

6. FUNDING SOURCE: Self

7. RATE SCHEDULE ATTACHED? YES  NO  N/A

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

1528 SW Mapp Road Palm City, Florida 34990

---

---

---

---

**III. COMMUNICATIONS INFORMATION:**

TYPES OF RADIOS/EQUIPMENT:

Motorola

1. RADIO FREQUENCY (ies)  
See attached contrat with Highland Wireless

2. RADIO CALL NUMBER(s)  
WQYV483

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

FROM AMBULANCE  
All Via Med-10

FROM BASE STATION  
All via phone

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

RENEWAL APPLICANTS NEED ONLY #'s 4 - 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. Copy of Standard Operating Procedures.
5. Copy of Medical Protocols.
6. Copy of your insurance policy – must show coverage limits –
7. Vehicle Information. For each vehicle provide the following:
  - a. Make, Model, Year, Manufacturer
  - b. Mileage
  - c. VIN #
  - d. Tag Number
  - e. Passenger capacity (E/E1 classification)
  - 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.
9. Fee Schedule Incl: Service Type, Base Rate, Mileage, Waiting & Special Charges

V. NOTARIZED STATEMENTS

I, Raul Rodriguez, the representative of  
Applicant Name

National Health-Transport., 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.

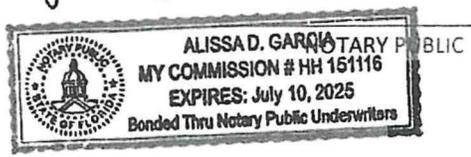
ALL APPLICANTS

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.

[Signature]  
APPLICANT SIGNATURE DATE

Before me personally appeared the said Raul Rodriguez 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 5 day of July, 2023

My commission expires: 7/10/25





## Vehicles

### NHT VEHICLES

<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Manufacturer</b>	<b>Mileage</b>	<b>Vin #</b>	<b>Tag</b>	<b>ALS/BLS</b>
Dodge	2500	2019	Dodge	129831	3C6TRVDG5KE563084	MIS86E	Dual Cert
Dodge	2500	2019	Dodge	69205	3C6TRVDG2KE559767	MIU83I	Dual Cert
Dodge	2500	2021	Dodge	134347	3C6ERVDG6ME502256	MIV18E	Dual Cert
Dodge	2500	2022	Dodge	30253	3C6LRVDG3NE140864	MIV09Q	Dual Cert
Dodge	2500	2023	Dodge	470	3C6LRVDG4PE535865	MIV20Q	Dual Cert

## NHT EMPLOYEES

Employee	Number	Effective	Expires
Adams, Peirce	EMT571518	11/17/2020	12/1/2024
Adams, Peirce	PMD 542925	3/6/2023	12/1/2024
Aylsworth, Robert E	EMT 577039	1/14/2022	12/1/2024
Bernier, Edgar	PMD 513546	8/17/2007	12/1/2024
Brown, Jake	EMT571459	12/2/2020	12/1/2024
Brown, Jake	PMD 540165	12/2/2021	12/1/2024
Calvillo, Orbelin	EMT 578268	4/23/2022	12/1/2024
Ceglio, Eliana	EMT583689	6/27/2023	12/1/2024
Coburn, Joseph	EMT566020	5/18/2021	12/1/2024
Coburn, Joseph	PMD539548	8/19/2021	12/1/2024
Dawson, Pyke	EMT 581226	12/21/2022	12/1/2024
DeSantis, Joseph	EMT 566158	8/20/2020	12/1/2024
DeSouza, Mike	PMD6657	1/1/1983	12/1/2024
Dugard, Richard	EMT 581564	1/24/2023	12/1/2024
Fabrey, Joseph	EMT533699	12/17/2010	12/1/2024
Fenech, Logan	EMT 576621	12/14/2021	12/1/2024
Fuentes, Nathaniel B	PMD539437	8/4/2021	12/1/2024
Greene, Tristan	EMT 575377	8/27/2021	12/1/2024
Hagans, Brandon A	PMD530919	1/11/2017	12/1/2024
Hebert, Christopher	EMT577842	3/15/2022	12/1/2024
Javor, Andrew	EMT 577101	1/20/2022	12/1/2024
Kilcoyne, Kaitlyn	EMT 577325	2/2/2022	12/1/2024
Lohse, Luke	EMT 571637	12/8/2020	12/1/2024
Maldonado, Jennifer	EMT 581737	2/2/2023	12/1/2024
Martin, Raimee	EMT581351	1/5/2023	12/1/2024
Martone, Gianna	EMT561265	10/13/2020	12/1/2024
Martone, Gianna	PMD 541503	7/15/2022	12/1/2024
McAuliffe, Marissa	PMD 534262	10/18/2018	12/1/2024
McCallister, Julia	PMD 206952	11/19/2003	12/1/2024
Neisius, Sarah	PMD 514538	2/6/2008	12/1/2024
Nieto Gonzalez, Gerardo	EMT 581950	2/17/2023	12/1/2024
Nunez, Juan	EMT 567624	11/26/2020	12/1/2024
Pace, Anthony	PMD 542655	1/24/2023	12/1/2024
Perez, David	EMT 583090	5/17/2023	12/1/2024
Reinhard, Rochelle	PMD 11954	8/6/1992	12/1/2024
Reis, Sarah	EMT 579140	6/22/2022	12/1/2024
Samour, Carlos	PMD 520920	3/21/2011	12/1/2024
Suarez, Nathan	PMD539290	7/7/2021	12/1/2024
Tewari, Jason	EMT 582753	4/26/2023	12/1/2024
Wallman, Anders	EMT 576978	1/11/2022	12/1/2024
Wise, Mathieu	EMT 583801	6/30/2023	12/1/2024



# **NATIONAL HEALTH TRANSPORT**

## **Schedule of Rates for Non-Emergency Ambulance Transports**

**Basic Life Support Base Fee \$363.20**

**Advanced Life Support Base Fee \$524.60**

**Advanced Life Support II Base Fee \$943.60**

**Specialty Care Transport Base Fee \$1,081.30**

**Oxygen \$54.70**

**Mileage \$11.90**

**Waiting time per hour ALS/BLS \$189.40**