

7. List the geographical area in which you wish to provide the service being applied for herein (complete county or portion thereof):

8. State the facts showing the demand or the need for the level of service in the geographical area being applied for:

9. Give a detailed description of the equipment the applicant will utilize in the service (attach separate sheet if needed). Also, complete the vehicle roster attached.

10. Number of personnel to staff each unit? _____ Complete the personnel roster attached.

11. Proof applicant is in compliance with all applicable federal, state and local requirements. (Attach copies of certificates) including ALS and / or BLS Ambulance provider license by the Florida Department of Health, Bureau of EMS)

12. State the address and description of each of the locations from which the applicant will operate and the hours of operation, staffing, and phone number for that location

Location Address	Description	Hours of operation	Staffing	Phone number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Does the service have "back-up" availability in case a unit breaks down or multiple calls? YES___ NO___ If Yes, explain procedure:

14. Provide written documentation to assist Polk County Fire Rescue and any other emergency services during a disaster situation.

15. Will your service transport patients out of county? _____

16. Will your service pick up from other counties? _____ then return to Polk County? _____

17. Type of service which will be provided (check appropriate blank):

Land _____ Water _____ Air _____

18. If this application for a COPCN is to replace an existing COPCN, evidence must be provided showing the reason(s) for the replacement of the existing COPCN Pursuant to Polk County Ordinance Number 12-029 and/or Florida Statutes.

19. A fee of \$300 must accompany the application.

20. Rate schedule – Provide a listing of all rates/charges for your service to provide the level applied for.

21. If a COPCN is issued to applicant, applicant agrees to the following:

- a. To indemnify Polk County for any claims or losses arising out of applicant's operations;
- b. Applicant will comply with all state and county laws and regulations;
- c. Provide continuous and uninterrupted service to the extent and for the area authorized by the COPCN;
- d. Provide service to adjacent areas or routes within Polk County, when requested to do by public safety agencies, in an emergency situation or in accordance with established agreements;
- e. Keep posted at all the principal business locations in Polk County a copy of the COPCN and any rate or fee schedule;
- f. Provide proof of insurance in amounts required by the Board of County Commissioner through the Risk Management Department;
- g. File a verified statement of ownership with Polk County Fire Rescue Division prior to commencing its operations under the COPCN and will immediately notify Polk County Fire Rescue Division of any change of ownership;
- h. Keep such records as may be required by Polk County Fire Rescue Division or Polk County Board of County Commissioners, pursuant to the rules and regulations to be adopted pursuant to Polk County Ordinance 12-029 and
- i. Operate in conformance with state law, Polk County Ordinance-12-029 and all rules and regulation hereunder.

To the best of my knowledge, all statements on this application are true and correct and the applicant agrees to the terms contained herein.

Signature of Applicant

Title

Date

STATE OF FLORIDA
COUNTY OF _____

This foregoing instrument was acknowledged before me
this ____ day of _____, 20____, by

as _____ (title)
for _____
(Company Name)

Notary Signature

NOTARY SEAL/STAMP

Personally Known _____ OR Produced Identification _____
Type of Identification produced:

Scan and email the notarized form and supporting documents to Deputy Chief of Medical Services Raf Vittone at RafVittone@polkfl.com or mail the notarized form and supporting documents to:

Polk County Fire Rescue
Attn: Raf Vittone
P.O. Box 1458
Bartow, FL 33831