



ADVANCED/BASIC LIFE SUPPORT SERVICE CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN) APPLICATION INSTRUCTIONS

Department of Public Safety

26571 Airport Rd • Punta Gorda, Florida 33982 • 941-833-5600 • charlottecountyfl.gov/departments/public-safety

The items listed below are required for a complete application. Please use this list of instructions to ensure the application is complete before submitting. A complete application will greatly reduce the processing time. If renewing your application, it must be received in this office prior to the date provided to you to renew your current COPCN.

Type of Application: Mark the appropriate box. New or Renewal.

Type of Certificate: Mark the appropriate box. A separate application is required for each class of service.

Number One: The name of the applicant that is placed on line 1 must match the name listed on your State of Florida Advanced/Basic Life Support Service License and Articles of Incorporation (if applicable). All the rest of the lines need to be filled out appropriately. Please include your e-mail address if you have one.

Number Two: The contact person's name should be the person who would receive all correspondence from this office.

Number Three: Fill in as requested. Governmental agencies, on a separate sheet, provide the Fire Chief and City Manager's name, telephone number, and email address.

Number Four: Fill in the date of incorporation or formation of the local government, firm, corporation, association, or other entity.

Number Five: Fill in as requested.

Number Six: Fill in as requested.

Number Seven: List the addresses of your base station (headquarters) and all substations, include the substation identifier (e.g., Station 2). Use additional sheet if necessary.

Number Eight: List the type of communication between your vehicle and the hospital. MED-3, MED-9, and 700 MHz radio capabilities are required in accordance with the EMS Communications Plan established under Chapter 401, Part I, Florida Statutes, which is administered by the State Technology Office.

Number Nine: Fill in as requested.

Number Ten: Fill in as requested.

Number Eleven: The medical director must be a Florida-licensed physician. A copy of their current license and DEA certificate (listing the controlled substance storage address) must be included. Hospital-based ALS providers may submit the hospital pharmacy's DEA certificate.

- ☐ **Attachment 1:** Attach a copy of current State of Florida EMS License as requested.
- ☐ **Attachment 2:** If the applicant is a governmental entity, the amount of money that the applicant has budgeted for the classification of services for which the application is submitted. Financial information of a nongovernmental applicant to ensure its financial ability to provide and continue to provide service to the area in a safe, comfortable, and reliable manner. Financial information includes, but is not limited to:
- The applicant's two (2) most recent years of Medicare audits, if any.
 - Three (3) years of the most recent audited financial statements of the entity and its parent company or holding company, if any. For purposes of this subsection, a parent company or holding company means any person or entity holding, owning, or in control of more than ten percent (10%) of the stock or ownership interest in the applicant's entity.
 - If the applicant is a corporation, the type and number of shares outstanding and the names and addresses of all shareholders; and
 - The financial responsibility of the applicant to maintain insurance for the payment of personal injury, death, and property damage claims.
- ☐ **Attachment 3:** Insurance verification:
- Every nongovernmental EMS provider must carry bodily injury and property damage insurance with an insurance carrier or company qualified as an insurance company authorized to transact insurance in the State of Florida to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the operation or use of any of the provider's EMS transport vehicles. Each EMS transport vehicle, including owned, hired, and non-owned vehicles, must be insured for a minimum of One Million Dollars (\$1,000,000) for each occurrence, combined single limit bodily injury, death, or property damage liability. Each EMS provider that employs medical personnel must maintain malpractice insurance in an amount not less than One Million Dollars (\$1,000,000) for each occurrence. If an EMS provider does not employ medical personnel, the provider must provide the County with satisfactory evidence of malpractice insurance in the amount of One Million Dollars (\$1,000,000) from the entity providing the medical personnel.
 - Every insurance policy or contract for insurance must provide for the payment and satisfaction of any financial judgment entered against the provider or against any person driving a vehicle of the provider. Certificates of insurance or certified copies of such policies must be filed with the County. All such insurance policies, certificates of insurance, and certified copies of such insurance policies shall provide for a thirty (30) day notice of cancellation to the County. All such certificates of insurance must show the County as a certificate of insurance holder and that the County is listed and endorsed as an additional insured on all policies required under this section. Thirty (30) days prior to the policy's expiration date, the EMS provider must provide the County with a renewal certificate of insurance.
 - Every governmental provider must either furnish evidence of bodily injury, property damage, and malpractice insurance in an amount equal to that for which it would be liable pursuant to the provisions of Section 768.28, Florida Statutes, as amended from time to time, or such governmental provider may furnish a certificate of self-insurance evidencing that it has established an adequate self-insurance plan to cover such risks and that the Florida Department of Insurance has approved the plan. A certificate of self-insurance issued by the Florida Department of Highway Safety and Motor Vehicles is not acceptable evidence of insurance.

☐ **Attachment 4:** The ALS/BLS Vehicles, Form A-1, needs to be completed. If you have a computer-generated list of vehicles, you may write “see attached” on Form A-1 and attach your list. Also provide a copy of your current permit application, DH Form 1510, on file with the State. You will also need to provide a license plate number for each vehicle listed.

If you are permitting aircraft under an ALS license application, please attach the following information: Complete ALS Air Ambulance Vehicles, Form A-2.

Include:

- Medical malpractice/professional liability insurance for each air medical crew member and medical director.
- Aircraft liability insurance coverage.
- A copy of the air worthiness certificate for each aircraft permit you are applying for.

☐ **Attachment 5:** The ALS/BLS Personnel, Form B-1, needs to be completed. If you have a computer-generated list of personnel, you may write “see attached” on Form B-1 and attach your list. Please remember all the same information required on Charlotte County forms shall be included in computer-generated lists.

☐ **Attachment 6:** FCC license/communications contract.

- EMS providers must provide continuous telephone access to the public, including telephone communications between the location at which they operate or receive calls and the local communications center.
- EMS providers must provide and maintain the capability for two-way radio communication between the location at which they operate or receive calls and each of their transport vehicles.
- EMS providers must provide and maintain the capability for UHF two-way radio communication between each of their ALS rescue vehicles and Charlotte County hospitals in accordance with Florida and County Emergency Medical Service Communication Plans, as well as any additional communication devices as may be reasonably required by the Public Safety Director or Section 401.015, Florida Statutes.
- EMS providers must maintain the capability to communicate medical information as needed with local and regional hospitals as required by Section 401.015, Florida Statutes.

☐ **Attachment 7:** A copy of a fully executed contract between a Florida licensed physician and the applicant or a letter of agreement signed by the physician and the applicant must be included.

- The EMS providers' medical directors must develop and **issue standing orders that are provided to all of the EMS providers' EMTs and paramedics** and must be maintained in each of the EMS providers' BLS/ALS ground vehicles.

☐ **Attachment 8:** Attach as requested.

☐ **Attachment 9:** Trauma Transport Protocols signed by the current medical director. If they are uniform with the entire County a signed statement from your medical director to that effect is acceptable.

☐ **Attachment 10:** Attach as requested.

☐ **Attachment 11:** Attach as requested.

☐ **Attachment 12:** Attach as requested.

☐ **Attachment 13:** Attach as requested.

☐ **Attachment 14: (Non-Governmental Entity Only)** A service justification summary including the following:

- Adequacy of the applicant's standard operating procedures
- Past performance and service history.
- Current services provided, including number and types.
- Impact of the proposed service on the quality of existing EMS transport or non-transport services.
- Financial impact on the overall cost of EMS services to the County.
- Demonstrated community need for the proposed service, supported by: Ratio of estimated annual service requests to available ambulances, ambulance-to-population ratio, and benchmarks from comparable jurisdictions.
- Compliance with Chapter 401, Florida Statutes, and related rules.

- History of litigation (past, present, or pending).
- Any other relevant supporting information provided by the applicant.

Fees are established by Charlotte County Resolution **2025-##**. A company check or credit card authorization made payable to Charlotte County must be included in the package or provided in-person.

ALL FEES ARE NONREFUNDABLE.

Fees as of **April 1, 2025**

COPCN New Application Fee.....	\$1000.00
COPCN Renewal Application Fee.....	\$500.00
Vehicle Permit Fee.....	\$50.00

NOTE: COPCN Application and Vehicle permit fees will be processed separately. Certificate fee includes the first five (5) vehicles or less, including aircraft. Vehicle permit fees apply for each vehicle more than five (5) vehicles.

Application must be signed and notarized.

If you are not currently licensed in the State of Florida, A license must be issued before you may operate in this County.

EMS providers must comply with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code and the Charlotte County Code of Ordinances.

An EMS provider's transport vehicles, or Class 4 - ALS Air Ambulance certificate, may be inspected once yearly, or as deemed necessary by the Public Safety Director to ensure compliance with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, and the Charlotte County Code of Ordinances.

ALL Certificate Holders must comply with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, and the Charlotte County Code of Ordinances.



CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN) APPLICATION

Department of Public Safety

26571 Airport Rd • Punta Gorda, Florida 33982 • 941-833-5600 • charlottecountyfl.gov/departments/public-safety

Type of application (Select One):

☐ New ☐ Renewal

Certificate Type (Select One):

☐ Class 2 – ALS Non-Transport ☐ Class 3 – ALS Transport Interfacility Transfer
☐ Class 4 – BLS Transport Interfacility Transfer ☐ Class 5 – ALS Air Ambulance Services

1. Applicant: _____
D/B/A: _____ State License#: _____
Mailing Address: _____
City: _____ State: FL Zip Code: _____
Email address: _____ Telephone: _____
2. Contact Person: _____
Title: _____ Telephone: _____ Cell: _____
Email Address: _____
3. The name, address, telephone number, e-mail address, and title of the appropriate government official or, as applicable, the general manager, owner(s), officer(s), and director(s) of the firm, corporation, association, or other entity seeking a certificate (attach list if more than three individuals):

4. Date of incorporation/formation of business association (include copies of articles of incorporation, fictitious name registration):

5. Geographic area or emergency call zone requesting to service (be specific):

a. Approximate population of the area: _____
6. The length of time the applicant has been providing service in Charlotte County, if the applicant is seeking a renewal certificate:

7. List the addresses of your base station (headquarters) and all substations, include the substation identifier (e.g., Station 2, attach list if more than three substations).
Base Station: _____
Substation: _____

Substation: _____

Substation: _____

8. A description of the applicant's telephone and radio communications system including, but not limited to its assigned frequency, call numbers, and hospital communications capabilities: _____

9. The number of units that are:

- a. In-service, fully equipped, staffed, and operational twenty-four (24) hours a day _____
- b. fully equipped, but reserved for emergency response _____
- c. The maximum number of units that would be placed in the area requested to respond to emergency calls and routine transfers _____

10. Proposed response time including a description of the source for such information: _____

11. Medical Director: _____

Mailing Address: _____

City: _____ State: FL Zip Code: _____

Phone Number: _____ Email address: _____

Florida License Number: _____ Exp. Date: _____

D.E.A. Certificate Number: _____ Exp. Date: _____

(Attach separate sheet if more than one Medical Director/Associate Medical Director. Also attach copy of Florida medical license and D.E.A. certificate for each)

12. Attach the following:

Attachment #1 - Copy of current State of Florida EMS license.

Attachment #2 - Financial Information.

Attachment #3 - Certificates of insurance or certificates of self-insurance in compliance with this chapter.

Attachment #4 - ALS/BLS Vehicles (Form A-1) and/or ALS Air Ambulance Vehicles (Form A-2).

Attachment #5 - ALS/BLS Personnel (Form B-1).

Attachment #6 - FCC license/communications contract.

Attachment #7 - Written evidence that the applicant has employed or contracted with a medical director.

Attachment #8 - A statement on letterhead from an applicant seeking to perform ALS Service and signed by its medical director attesting that all the applicant's EMTs and paramedics are certified, qualified, and authorized to perform basic and advanced life support.

Attachment #9 – Trauma Transport Protocols signed by current medical director. If they are uniform for the entire County a signed statement from your medical director to that affect is acceptable.

Attachment #10 - Applicants must identify staffing patterns and operational hours for each permitted vehicle.

Attachment #11 – A copy of the applicant's schedule of rates proposed.

Attachment #12 – Submit a copy of the applicant's SOPs and/or EMS policies and procedures, demonstrating their adequacy.

Attachment #13– (For Governmental entity only) Annual Report of Services from previous calendar year.

Attachment #14– (For Non-governmental entity only) Service Justification and Compliance Summary.

Important Notes:

Application packet and application fee will be accepted by mail sent to:

Attention: COPCN Request

Charlotte County Public Safety Department

26571 Airport Road

Punta Gorda, FL 33982.

Payment by mail with check only, or in-person with check or credit card.

1. **NOTE:** COPCN Application and Vehicle permit fees will be processed separately.

2. Non-governmental: provide a copy of County and Municipal Business Tax Receipts or NEW applicant provide a letter identifying proposed business office location in Charlotte County.

I, the undersigned, a representative of the above service do hereby attest that this application meets all requirements for operation of an Emergency Medical Service (EMS) Provider in the State as provided in Chapters 395 and 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and Chapter 2 Article III, Charlotte County Code of Ordinances. I further acknowledge any violations or discrepancies discovered will subject this service and its authorized representatives to actions and penalties provided by law.

All statements on this application and attachments are true and correct.

Signature of Chief/Owner/Manager

Title

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____,
by _____ (name of person making statement).

SEAL

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known: ☐ OR Produced Identified: ☐ Type of

Identification Produced: _____

FALSE OFFICIAL STATEMENTS: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. § 837.06, Florida Statutes.



Charlotte County
Public Safety Department
APPLICATIONS FOR VEHICLE PERMIT(S)

01/21/2025

EMS Provider: _____

Business Address: _____

Telephone Number: _____

City: _____

State: _____

Zip Code: _____

	Permit Type (Check All That Apply)							Vehicle Data				
	New	Current	Remove	State Permit#	ALS Non-Transport	ALS Transport	BLS Transport	Year	Make	Model	License Plate	Last 6#s of V.I.N.
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

Enclose Permit Fee(s). Do not send cash. Checks should be made payable to Charlotte County and mailed to Charlotte County Public Safety Department, 25671 Airport Road, Punta Gorda, FL 33982. **All fees are nonrefundable.** Fees can be paid by mail by check only, or in-person by check or credit card.

I, the undersigned representative of the above named firm, do hereby affirm that all equipment and medical supplies required by Chapter 2, C.C.C., Chapter 401, F.S., and Rule 64J-1, F.A.C., are present and in working order on the above describe vehicles. I also affirm that the equipment and medical supplies in the required quantities will be continuously maintained and the specified level. I further affirm that the above described vehicles will be staffed, during operation, in accordance with Chapter 2, C.C.C., Chapter 395 and 401, F.S., and Chapter 64J-1 F.A.C.

SIGNATURE

TITLE

DATE

FALSE OFFICIAL STATEMENTS: § 837.06, F.S.: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.



Charlotte County
Public Safety Department
ALS AIR AMBULANCE VEHICLES

Name of Service: _____ Date: _____

FAA #	Manufacturer Name	MFR Year/Model	Serial #	State ALS Permit #



Charlotte County
Public Safety Department
ALS/BLS PERSONNEL

Name of Service: _____

Date: _____

Last Name	First Name/M.I.	Paramedic (Y/N)	EMT (Y/N)	Driver (Y/N)	Certificate(s) Number