



Application for Renewal

Certificate of Public Convenience and Necessity: Advanced Life Support, non-Transport

The applicant identified below is requesting renewal of an existing Certificate of Public Convenience and Necessity (COPCN).

ORGANIZATION	
CHIEF OF ORGANIZATION	EMS MANAGER
CHIEF OF ORGANIZATION TELEPHONE	EMS MANAGER TELEPHONE
CHIEF OF ORGANIZATION EMAIL	EMS MANAGER EMAIL

Applicant affirms that:

1. The affiant and signatory official is duly authorized by applicant's governmental entity to apply for renewal of the COPCN for applicant and to make the representations required for that renewal.
2. There are no changes in this renewal application from that on file for the currently approved COPCN of applicant unless identified in an attached Exhibit 1 which is incorporated by reference into this application for renewal.
3. The applicant shall comply with all requirements of the EMS Ordinance and the COPCN renewal approved by the Volusia County Council including but not limited to:
 - a. Utilizing the services of the Volusia County EMS Medical Director for the duration of the renewal COPCN certificate.
 - b. Providing closest unit emergency medical response as required by the Volusia County Code of Ordinances for the duration of the renewal COPCN certificate.
 - c. Utilizing emergency medical dispatch (EMD) services under the direction of the Volusia County EMS Medical Director for the duration of the renewal COPCN certificate.

CHIEF ADMINISTRATIVE OFFICER (PRINT)	SIGNATURE
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**STATE OF FLORIDA
COUNTY OF VOLUSIA**

Before me, the undersigned authority, _____, personally appeared as _____, who is personally known to me, and who, after being duly sworn, did orally affirm that the information and statements contained in the foregoing instrument are true and correct.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE	MY COMMISSION EXPIRES (AFIX SEAL)
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