

**ALACHUA COUNTY  
APPLICATION FOR CERTIFICATE OF  
PUBLIC CONVENIENCE AND NECESSITY AS  
REQUIRED BY ORDINANCE 93-9**

Name of Applicant:  
9.a)

Harold Theus

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Name of Business:

Alachua County Fire Rescue

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Business Address:  
(9.b)

911 S. E 5<sup>th</sup> Street  
P.O. Box 5038  
Gainesville, FL 32627

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Names and Addresses  
Of all Officers,  
Directors and  
Shareholders:  
(9.c)

Alachua County Board of County Commissioners

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P. O. Box 5547

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Gainesville, FL 32627

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Territory which the  
applicant desires  
to serve:  
(9.d)

All Incorporated and Unincorporated Areas of Alachua County  
Florida

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Type of Service  
the Applicant wishes  
to provide. (Check  
appropriate boxes):  
(9.e)

<u>  X  </u>	Primary Pre-hospital Care Provider
<u>  X  </u>	Secondary Pre-hospital Care Provider
<u>      </u>	Air Ambulance Provider
<u>      </u>	Neonatal Ambulance Provider
<u>      </u>	First Responder
<u>      </u>	Basic Life Support
<u>      </u>	EMT-D
<u>      </u>	Non-emergency Transport Provider

**Application for Alachua County  
Certificate of Public  
Convenience and Necessity**

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9.f

Location of each operation site which Applicant's service is intended to operate:

1	Station 20-16935 NW US Hwy 441, High Springs, FL 32643
2	Station 21-15040 NW US Hwy 441, Alachua, FL 32615
3	Station 23-1600 Fort Clarke Blvd, Gainesville, FL 32606
4	Station 24-3509 NW 143rd Street, Gainesville, FL 32606
5	Station 25-12825 NW US Hwy 441, Alachua, FL 32615
6	Station 30-930 SE 5th Street, Gainesville, FL 32601
7	Station 33-5901 NW 34th Blvd, Gainesville, FL 32653
8	Station 34-2711 NE 23rd Place, Gainesville, FL 32609
9	Station 40-14377 NE US Hwy 301, Waldo, FL 32694
10	Station 41-5715 NE US Hwy 301, Hawthorne, FL 32640
11	Station 60-1320 SE 43rd Street, Gainesville, FL 32641
12	Station 62-7405 SE 221st Street, Hawthorne, FL 32640
13	Station 80-2000 SW 43rd Street, Gainesville, FL 32607
14	Station 81-7000 SW 88th Street, Gainesville, FL 32608
15	Station 82-17128 SW Archer Road, Archer, FL 32618
16	Station 28-310 NW 250 <sup>th</sup> Street Newberry

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Vehicle (s) Description: (9.g)

Make	Model	Year	Mileage	VIN #
Freightliner	FL80	1999	164,758	1FV6JLCBXXHA28820
E One	Typhoon	2004	258,897	4EN6AAA8541009066
E One	Typhoon	2006	118,682	4EN6AAA8561001424
E One	Typhoon	2006	137,000	4EN6AAA8361001423
E One	Typhoon	2006	147,590	4EN6AAA8761001425
E One	Typhoon	2006	144,596	4EN6AAA8161001422
E One	Typhoon	2009	134,732	4EN6AAA8291005127
Freightliner	FL 80	2001	87,422	1FVABXBS01HH57366
E One	Typhoon	2010	12,355	4EN6AAA87A1005726
International	4300LP	2012	264,320	1HTMNAAL5CH684666
International	4300LP	2012	25,613	1HTMNAAL7CH684667
E One	Typhoon	2011	93,258	4ENHAAA84C1006974
E One	Typhoon	2013	83,301	4ENHAAA81D1007789
International	4400LP	2013	190,429	3HAMRAALXEL071766
International	4400LP	2015	253,326	1HTMRAAL8FH664694
International	4400LP	2015	248,247	1HTMTAALXFH664695
International	Engine	2014	66,303	4EN6AAA80E1008814
E One	Typhoon	2015	77,680	4EN6AAA8XF1009597
International	4400	2016	145,398	1HTMRSTL0GH230676
International	4400	2016	198,067	1HTMRSTL9GH230675
Chevrolet	HD3500	2015	169,793	1GB3CZCG8FF664459
Chevrolet	HD3500	2015	210,173	1GB3CZCG5FF664757
Chevrolet	HD3500	2015	239,380	1GB3CZCG5FF664600

Chevrolet	HD3500	2015	171,892	1GB3CZCGXFF665726
Chevrolet	HD3500	2015	251,505	1GB3CZCG0FF667176
Dodge	5500	2018	114,481	3C7WRMCJ2JG118224
E One	Typhoon	2018	35,322	4EN6AAA8X51001282
Dodge Ram	5500	2018	100,973	3C7WRMCJ8JG122469
Dodge Ram	5500	2018	89,000	3C7WRMCJ7JG115657
Dodge Ram	5500	2018	98,294	3C7WRMCJ5JG115656
Dodge	5500	2018	22,049	3C7WRMCJ8JG346132
Dodge	5500	2018	63,734	3C7WRMCJ3JG352226
Dodge	5500	2018	52,446	3C7WRMCJ5JG352227
Dodge	5500	2018	61,885	3C7WRMCJ7JG352228
Thomas Bus	Saf-T-Liner	2012	9,702	1T88UAE21D1160541
E One	Typhoon	2019	16,219	4EN6AAA85K1002289
Dodge	5500	2019	23,974	3C7WRMCJ5KG587812
Dodge	5500	2019	34,136	3C7WRMCJ3KG587811
Dodge	5500	2019	22,893	3C7WRMCJ7KG587813
Dodge	5500	2019	19,064	3C7WRMCJ9KG587814
E One	Typhoon	2019	10,155	4EN6AAA81K1002290
Ford	Expedition	2019	3,039	1FMJKIGT4KEA43777
Dodge	Ram 5500	2020	23,198	3C7WRMCJ4LG120866
Dodge	Ram 5500	2020	23,199	3C7WRMCJ2LG120865
Dodge	Ram 5500	2020	23,200	3C7WRMCJ6LG102692

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References:

Three (3) County Residents  
(Names & Addresses): (9.h)

Name: Nicole Davis, RN, ER Director

Address: 6500 Newberry Rd  
Gainesville, FL 32614

Name: Joseph A. Tyndall, MD, MPH, FACEP

Address: P O Box 100186  
Gainesville, FL 32610-0186

Name: Gary Gillette, MD

Address: 6500 Newberry Rd  
Gainesville, FL 32614

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Certificate of Public  
Convenience and Necessity**

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Attachments:

- (9.i) Copy of public liability, property damage and malpractice insurance
- (9.j) Copy of Standard Operating Procedures/Medical Care Protocols  
**Medical Care Protocols are on the Alachua County Website**
- (9.k) Copy of Rate Schedule for services  
**Can be viewed on the Alachua County Website**
- (9.l) I hereby certify that this service will provide continuous service on a twenty-four (24) hour, seven (7) day per week basis (except non-emergency transport providers).

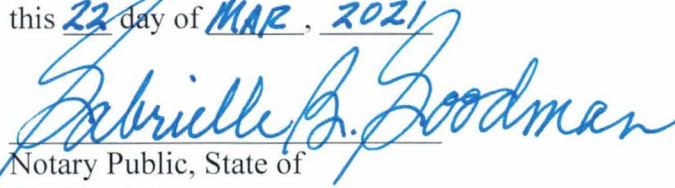
To the best of my knowledge, all statements on this application are true and correct.

NAME: Harold Theus

TITLE: Chief

SIGNATURE: 

Sworn to and subscribed before me  
this 22 day of MAR, 2021

  
Notary Public, State of  
Florida at Large

Commission Expiration Stamp:





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/9/2020

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 have ADDITIONAL INSURED provisions or 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> World Risk Management, LLC a Member of: Ballator Insurance Group 20 N. Orange Ave., Suite 500 Orlando FL 32801	<b>CONTACT NAME:</b> Jenna Jennings <b>PHONE (A/C, No, Ext):</b> 4074452414 <b>E-MAIL ADDRESS:</b> jennifer.jennings@wrmlc.com <b>FAX (A/C, No):</b> 813-223-3932
<b>INSURED</b> Alachua County Board of County Commissioners 12 SE 1st Street Gainesville FL 32601	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Public Risk Management of FL ( INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

**COVERAGES****CERTIFICATE NUMBER:** 1180366672**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" 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:		PRM020-007-079	10/1/2020	10/1/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ SELF INS. RETENTION \$ 200,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> APD <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PRM020-007-079	10/1/2020	10/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ SELF INS. RETENTION \$ 200,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		PRM020-007-079	10/1/2020	10/1/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A		PRM020-007-079	10/1/2020	10/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER SIR \$200,000 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: Evidence of Insurance

With respects to the listed coverage held by the named insured, as evidence of insurance.

**CERTIFICATE HOLDER****CANCELLATION**Florida Department of Health  
3600 NE 15th Street  
Gainesville FL 32609

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

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# **Alachua County Fire Rescue**

Harold Theus, Chief

March 8, 2021

Steven Hesson  
Interim Chief  
Gainesville Fire Rescue  
1025 NE 13<sup>th</sup> Street  
Gainesville, FL 32601

Dear Chief Hesson:

Alachua County Fire Rescue is applying to the Board of County Commissioners for renewal of its Certificate of Public Convenience and Necessity (COPCN) for providing Primary Pre-hospital Care. In addition, the Department is requesting a COPCN for Secondary Pre-hospital Care Provider.

As required by Alachua County Ordinance 93-9, this letter serves as official notice to all licensed EMS operators within Alachua County that the application will be reviewed and considered by the Alachua County Board of County Commissioners prior to April 27, 2021. The Ordinance allows for any operator to file a formal protest specifying objections to the issuance of a COPCN within thirty (30) days after mailing of this notice.

All correspondence regarding this matter should be mailed to:

Michele Lieberman, County Manager  
Alachua County Board of County Commissioners  
P. O. Box 5547  
Gainesville, FL 32627

Sincerely,

Harold Theus  
Chief

HT/jh



# **Alachua County Fire Rescue**

Harold Theus, Chief

March 8, 2021

Chief Bruce Gillingham  
High Springs Fire Department  
18586 NW 238<sup>th</sup> Street  
High Springs, FL 32643

Dear Chief Gillingham:

Alachua County Fire Rescue is applying to the Board of County Commissioners for renewal of its Certificate of Public Convenience and Necessity (COPCN) for providing Primary Pre-hospital Care. In addition, the Department is requesting a COPCN for Secondary Pre-hospital Care Provider.

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Michele Lieberman, County Manager  
Alachua County Board of County Commissioners  
P. O. Box 5547  
Gainesville, FL 32627

Sincerely,

Harold Theus  
Chief

HT/jh



# **Alachua County Fire Rescue**

Harold Theus, Chief

March 8, 2021

ShandsCair  
Shands Teaching Hospital  
Box 100335  
Gainesville, FL 32610

Dear Sir/Madam:

Alachua County Fire Rescue is applying to the Board of County Commissioners for renewal of its Certificate of Public Convenience and Necessity (COPCN) for providing Primary Pre-hospital Care. In addition, the Department is requesting a COPCN for Secondary Pre-hospital Care Provider.

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HT/jh