





Resilient Environment Department
CONSUMER PROTECTION DIVISION
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@ConsumerBroward 
@BrowardChildCareLicensing 

Requirements for a Nonemergency Medical Transportation Service License: Preparation Checklist, Instructions & Application

Preparation Checklist

To apply for a Nonemergency Medical Transportation Service license it is recommended that an applicant first read the Broward County Code of Ordinances, Chapter [3½](#), Article II. – NONEMERGENCY MEDICAL TRANSPORTATION.

This will assist the applicant in understanding the basis for which certain documents are required during the application process, what the requirements are subsequent to the Division’s approval of the license, but prior to the issuance of the license, and any rules and regulations promulgated by the County.

This “checklist” is a guide and not a definitive tool to be used when completing an application, as each partnership/company may be different:

For the application you will need:

- Articles of Incorporation filed with the Florida Department of State, Division of Corporations (you may find information [here](#)):
 - The date of incorporation, type of entity, and the type and number of shareholders, partners, members, or other ownership interests outstanding and the name and address of all such shareholders, partners, members, and owners.
- For nongovernmental applicants, completed state and local criminal background checks of all owners, officers, members, partners, and directors of the firm, corporation, association, or other entity:
 - State of Florida criminal background checks can be done using the Florida Department of Law Enforcement (FDLE) SHIELD [website](#) and must be certified.
 - Local criminal background checks can be completed by the person's local law enforcement agency.
- Proposed business office location and vehicle storage location (the applicant must maintain at least one (1) business office located in Broward County at which mail can be received and daily telephone communication is available with an agent of the applicant. If a license is approved, at all times while so licensed, the licensee must maintain one (1) or more business offices in Broward County where records are available for inspection upon request by the Division.)

- For any nongovernmental applicant, a credit report from one of the three major credit reporting agencies.
- Proof of the ability to comply with Chapter 3½-19 (Insurance), Broward County Code of Ordinances.

After the Division's approval of the license, but prior to the issuance of the license you will need:

- Certificate of Insurance meeting the requirements of Chapter 3½-19. – Insurance.
- The year, model, type, passenger capacity, mileage, vehicle license number, and vehicle identification number of each vehicle to be used by the applicant in the nonemergency medical transportation service (forms on [website](#)).
- The name and driver's license number of all personnel employed by the applicant, along with copies of current Broward County Chauffeur Registrations for all drivers.

Documentation needed to show that all personnel are:

- Trained in the appropriate and correct use of special equipment required for wheelchair and stretcher transport.
- Trained in the National Safety Council's Defensive Driving course or an equivalent defensive driving course, as determined by the Division.
- In possession of a valid American Red Cross Standard First Aid and Personal Safety Card or an equivalent first aid and personal safety card, as determined by the Division; and
- In possession of a valid American Red Cross or American Heart Association Cardiopulmonary Resuscitation card or an equivalent card, as determined by the Division.

Nonemergency medical transportation service providers must comply with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, the Broward County Code of Ordinances, and the Broward County Administrative Code.

All nonemergency medical transportation service providers must report the following information electronically to the Office of the Medical Examiner and Trauma Services on a semiannual basis for each applicable license:

- (1) The total number of calls.
- (2) The total number of patients transported; and
- (3) Response times, and other information as the County Administrator or designee may deem necessary, as approved by the Board.

Instructions

All questions must be answered completely and all requested attachments must be included at time of application.

Every person, firm, corporation, association, local government, or other entity desiring to provide nonemergency medical transportation must obtain a license from the Division pursuant to the provisions of Broward County Code of Ordinances, Chapter 3½, Article II - NONEMERGENCY MEDICAL TRANSPORTATION SERVICES, therein and subject to such rules and regulations as may be promulgated by the County Administrator pursuant to this chapter, except for vehicles that are exempt from Section 3½-3.

Broward County Ordinance, Chapter 3½

Motor carrier as used herein has the same definition as provided in Section 22½-1 of the Broward County Code of Ordinances. (This includes all ambulatory passenger vehicles, i.e., sedans, mini vans, etc. that must meet the requirements of Section 22 ½-9B(a)-(e))

Nonemergency medical transportation service means any privately or publicly owned service employing a land, air, or water vehicle that is designed, constructed, reconstructed, maintained, equipped, or operated for, and is used for, or intended to be used for, land, air, or water transportation of persons who are confined to wheelchairs or stretchers or whose condition makes it impractical to be transported by a motor carrier, and whose condition is such that these persons do not need, nor are likely to need, immediate medical attention during transport.

Nonemergency medical transportation service provider means any person, firm, corporation, association, local government, or other entity that holds a nonemergency medical transportation service license.

An applicant desiring to obtain a license or renew a license in Broward County must apply to the Division on the forms required by the County and accompanied by a **non-refundable** application fee in the amount established by resolution of the Board. Applications will not be processed prior to the receipt of the applicable fee.

Application packets and fees will be accepted in-person or by mail sent to Broward County Consumer Protection Division, 1 North University Drive, Mailbox 302, Plantation, FL 33324. Application fees, submitted by mail, must be in the form of a check. Application fees submitted in-person may be paid by check or credit card.

License and Permit Fees (Non-Refundable) Annual Fees as of October 1, 2024

- License Application Fee.....\$702.00
- License Fee.....\$350.00
- Vehicle Permit Fee.....\$71.00

NOTE: License and Vehicle permit fees will be processed separately.

Please Note: The failure to provide the requested information and documentation will result in the disapproval of your license application until such time that the requested information has been provided to this Division. If the requested information/documentation has not been provided within 90 days of the application the application will be denied.

Financial Ability

Nongovernmental applicants must provide a credit report from one of the three major credit reporting agencies to ensure the applicant's financial ability to provide service to the public in a safe, comfortable, and reliable manner.

Governmental applicants must provide a copy of their budget sheet. Attached

Insurance / Certificate of Insurance must come directly from the Insurance Agent/Company by email or US Mail.

Certificate of Commercial Automotive Liability Insurance: Minimum requirements are:

- Each transporting vehicle, including owned, hired, and non-owned vehicles, must be insured for a minimum limit of Five Hundred Thousand Dollars (\$500,000) for each occurrence, combined bodily injury and property damage liability.
- Every nonemergency medical transportation service 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 nonemergency medical transportation service provider's vehicles.
- All such insurance policies, certificates of insurance, and certified copies of such insurance policies must provide for a thirty (30) day notice of cancellation to the County.
- All such certificates of insurance must show the County (Broward County) as a certificate 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 nonemergency medical transportation service provider must provide the County with a renewal certificate of insurance.

Business Location

Provide a copy of Broward County and Municipal Business Tax Receipts or, if a NEW applicant, provide a letter identifying the proposed business office location in Broward County.

Throughout the application process, the applicant must maintain at least one (1) business office located in Broward County at which mail can be received and daily telephone communication is available with an agent of the applicant. If approved, a license will not be issued until such time that a Broward County and Municipal Business Tax Receipt is obtained.

If a license is approved, at all times while so licensed, the licensee must maintain one (1) or more business offices in Broward County where records are available for inspection upon request by the Division.

Nonemergency medical transportation service providers must comply with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, the Broward County Code of Ordinances, and the Broward County Administrative Code.

Application: All applications for licenses must include the following information:

PLEASE TYPE OR PRINT IN INK

1. Type of license applying for: New Renewal
1b. Types of Vehicles: Ambulatory Wheelchair Stretcher
2. Business Information: Sole Proprietor Partnership Corporation
3. Name of Business: _____

State of Florida Corporation Document Number: _____

D/B/A (please attach a copy of your Fictitious Name Registration with the Florida Department of State): _____

State of Florida Fictitious Name Registration Number: _____

4. General Manager: _____ Phone number: _____ Email: _____

Name of person responsible for handling consumer disputes: _____

Phone number: _____ Email: _____

Nongovernmental entities - Please attach a copy of the firm's partnership agreement; or, if a corporation, a copy of your firm's articles of incorporation filed with the Florida Department of State. If the applicant is a corporation, partnership, limited liability company, or similar entity, list the type and number of shareholders, partners, members, or other ownership interests outstanding and the name and address of all such shareholders, partners, members, and owners (use separate sheet).

Governmental entities – Please provide the names, addresses, telephone numbers, e-mail addresses, and titles of the appropriate government officials (use separate sheet).

6. Physical Address (present/proposed): _____
(Physical address must match the County and Municipal Business Tax Receipt)

7. Mailing Address: _____
Business Telephone (land line): _____ Fax number: _____
Cell Phone Number: _____
E-Mail Address: _____
Web Site Address: _____
Vehicle Storage Location: _____

8. Do you as an individual, the partnership, or corporation, currently operate or have previously operated under any business names other than the name you are presently using?
 Yes No

If **YES**, please list such names and addresses: _____

9. Have you ever had a vehicle for hire permit/license suspended or revoked by a government agency (please include suspension for expiration of insurance coverage). Yes No

10. Do you owe money to Broward County, either individually or through any other business, for any of the following? Unpaid civil penalties unpaid administrative costs for a hearing, unpaid County investigative, enforcement, testing, or monitoring costs; or unpaid liens? Yes No

If yes, provide a written explanation of each occurrence (use separate sheet).

11. Provide Copies of Certificates of Insurance: Attached Pending
(Must provide proof of ability to comply with Chapter 3½-19, Broward County Code of Ordinance)

12. Vehicle information - The year, model, type, passenger capacity, mileage, vehicle license number, and vehicle identification number of each vehicle to be used by the applicant in the nonemergency medical transportation service: Attached Pending
Attach appropriate form.

**Prior to issuance of a vehicle permit, each business must submit to the Division three (3) color photographs, not less than 8" x 10" size on photographic paper, showing the entire vehicle side, front, and rear views, which depicts the chosen color and signage scheme. The signage (lettering) shall be in bold letters and numerals at least one and one-half (1½) inches high distinctly contrasting in color with the background and permanently affixed to the vehicle in such a manner to be readily distinguishable, from a distance of not less than ten (10) meters (32.8 feet), and must show the company name, telephone number, and unit number. – Broward County Code of Ordinances Chapter 20-5 and as approved by the Division per Sec. 3½-20(f)(2).*

13. Personnel information - The names and driver's license numbers of all personnel employed by the applicant, along with copies of current Broward County Chauffeur Registrations for all drivers in accordance with the requirements of Chapter 22½ of the Broward County Code of Ordinances: Attached Pending
Attach appropriate form.

14. Attach schedule of rates for services rendered (new or proposed). Attached

15. Pursuant to Chapter 3½-17(d)(5) of the Broward County Code of Ordinances, all nongovernmental applicants for a Nonemergency Medical Transportation Service License must provide State and local criminal background checks for all owners, officers, and directors of the firm, corporation, association, or other entity. Background checks should include all jurisdictions for which the person resided over the last five (5) years. State of Florida criminal background checks can be done using the [Florida Department of Law Enforcement \(FDLE\) SHIELD](#) website and must be certified. Local criminal background checks can be completed by the person's local law enforcement agency. Attached

Notarized Agreement for Nonemergency Medical Transportation Service

As the owner, partner, chief corporate officer, and/or authorized/registered agent of this entity/company:

Name of business: _____

I agree to abide by the conditions and requirements of the Broward County Code of Ordinances, Chapter 3½ - Article II - NONEMERGENCY MEDICAL TRANSPORTATION.

1. I agree to report to Broward County Consumer Protection any changes in address, location, change in majority ownership or partnership status of the corporation or partnership, or change of executive officers within twenty (20) calendar days of the change.
2. I attest that all drivers have been approved by a commercial automobile liability insurer and meet the requirements of Chapter 3½.
3. I attest that all vehicles registered with the Division have the required commercial automobile liability insurance and meet the requirements of Chapter 3½.
4. I understand that decals issued to vehicles no longer operating for my business shall be removed and surrendered to the Division within ten (10) business days following the removal of a vehicle from service.
5. All information provided by the applicant is true and correct under the penalty of perjury.

The undersigned affirms that he or she is the authorized agent/owner/partner of the applicant and has full authority to execute this legal document on behalf of the entity.

I have fully read Broward County Code of Ordinances, Chapter 3½ Article II and completed the application for a Nonemergency Medical Transportation Service license through the Broward County Consumer Protection Division. I acknowledge that omission or false statements will be grounds for revocation, suspension or non-issuance of the Nonemergency Medical Transportation Service license and vehicle permits. This application is true and correct.

Print Name: _____ Signature: _____

Date: _____

STATE OF FLORIDA,
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____.

by _____(name of person making statement).

Notary Stamp

 (Signature of Notary Public – State of Florida)
 (Print, Type, or Stamp Commission Name of Notary Public)
 Personally Known: OR Produced Identification:
 Identification Produced: _____