

RESOLUTION NO 2026 - 040
CITY OF LAKE CITY, FLORIDA

A RESOLUTION OF THE CITY OF LAKE CITY, FLORIDA APPROVING THAT CERTAIN APPLICATION FOR EMERGENCY MEDICAL SERVICES PROGRAM GROUND AMBULANCE SERVICE PROVIDER LICENSE OF THE CITY OF LAKE CITY TO THE STATE OF FLORIDA DEPARTMENT OF HEALTH; MAKING CERTAIN FINDINGS OF FACT IN SUPPORT OF THE CITY APPROVING AND SUBMITTING SAID APPLICATION; RECOGNIZING THE AUTHORITY OF AND DIRECTING THE MAYOR TO EXECUTE AND SUBMIT SAID APPLICATION TO THE STATE OF FLORIDA DEPARTMENT OF HEALTH; REPEALING ALL PRIOR RESOLUTIONS IN CONFLICT; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City of Lake City (“City”) through its fire department presently offers basic life support services as that term is defined in Section 401.23, Florida Statutes, the *Raymond H. Alexander, M.D., Emergency Medical Transportation Services Act* (the “Act”); and

WHEREAS, the City desires to expand the scope of services offered by its fire department to offer advanced life support services as that term is defined in the Act; and

WHEREAS, the Act requires City be licensed to offer advanced life support services by the State of Florida Department of Health (the “Agency”); and

WHEREAS, the fire department of the City has compiled and prepared an application for license to offer advanced life support services in the form of the Exhibit attached hereto (the “Application”); and

WHEREAS, approving and submitting the Application to the Agency for approval by the Agency would allow the City to begin offering advanced life support services by and through its fire department; and

WHEREAS, approving and submitting the Application to the Agency for approval by the Agency to allow the City to begin offering advanced life support services by and through its fire department is in the public interest and in the interests of the City; now therefore

BE IT RESOLVED by the City Council of the City of Lake City, Florida:

1. Approving and submitting the Application to the Agency for approval by the Agency to allow the City to begin offering advanced life support services by and through its fire department is in the public or community interest and for public welfare; and

2. In furtherance thereof, the Application in the form of the Exhibit attached hereto should be and is approved by the City Council of the City of Lake City; and
3. The Mayor of the City of Lake City is the officer of the City duly designated by the City's Code of Ordinances to enforce such rules and regulations as are adopted by the City Council of the City of Lake City; and
4. The Mayor of the City of Lake City is authorized to execute on behalf of and bind the City to the terms of the Application; and
5. The Mayor of the City of Lake City is directed to execute on behalf of and bind the City to the terms of the Application; and
6. The Mayor and City Manager of the City of Lake City are authorized and directed to submit said completed and executed Application to the State of Florida Department of Health; and
7. All prior resolutions of the City Council of the City of Lake City in conflict with this resolution are hereby repealed to the extent of such conflict; and
8. This resolution shall become effective and enforceable upon final adoption by the City Council of the City of Lake City.

APPROVED AND ADOPTED, by an affirmative vote of a majority of a quorum present of the City Council of the City of Lake City, Florida, at a regular meeting, this ____ day of March, 2026.

BY THE MAYOR OF THE CITY OF LAKE CITY,
FLORIDA

Noah E. Walker, Mayor

ATTEST, BY THE CLERK OF THE CITY COUNCIL
OF THE CITY OF LAKE CITY, FLORIDA:

Audrey E. Sikes, City Clerk

APPROVED AS TO FORM AND LEGALITY:

Clay Martin, City Attorney

STATE OF FLORIDA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES PROGRAM
GROUND AMBULANCE SERVICE PROVIDER LICENSE APPLICATION

Type of application (Check all that apply):

New Renewal _____
 ALS BLS Transport _____
 Change of Name Change of Address

1. Name of Service Lake City Fire Department Provider ID# _____
 Mailing address 225 NW Main Blvd. City Lake City State FL
 Physical address of records 225 NW Main Blvd. City Lake City State FL
 County Columbia Zip Code 32055 Phone Number 386-752-3312
 Fax Number _____ 24 Hour Number _____
 Internet E-mail address tompkinsr@lcfla.com

Manager's Name _____ Title _____

Type of Ownership (check all that apply):

Private _____ City Not for Profit _____
 Volunteer _____ County _____ Special Tax District _____
 Fire Department Hospital Based _____ Other (Describe) _____
 Corporation _____ For Profit _____

2. Medical Director Colby Redfield
 Mailing Address 2626 Capital Medical Blvd.
 City Tallahassee State FL Zip Code 32308
 Phone Number 850-766-0068 Fax Number _____
 Florida License Number ME 12622 Exp. Date 01-31-2028
 D.E.A. Certificate Number _____ Exp. Date _____

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

3. Provide name of owner(s) or list all officers, directors and share holders (if a corporation) (attach separate sheet if necessary)

Name	Address	Position

4. List the address and/or describe the location of your base station and all substations (attach separate sheet if necessary).
225 NW Main Blvd. Lake City, FL, 32055

5. Identify the counties to be served by your service.
Columbia

-
6. You must have communication capability between your ambulance and hospital. List means of communication:
Columbia County Radio 700 mhz System
-
7. Attach the following:
- Attachment #1 Certificate of Public Convenience and Necessity (for each county in which you operate).
 - Attachment #2 Application for ambulance permit(s) DH Form 1510 (multiple vehicle permit application).
 - Attachment #3 Insurance verification - copy of insurance policy, certificate of insurance or certificate of self-insurance showing limits of auto liability coverage and expiration date. Must also list schedule of vehicles covered if not blanket coverage or self insured.
 - Attachment #4 Trauma Transport Protocols signed by the current Medical Director.
 - Attachment #5 Verification of Medical Director employment, (i.e. fully executed contract, letter of agreement, etc.)
 - Attachment #6 Copy of the Medical Director's Florida medical license.
 - Attachment #7 Copy of the Medical Director's D.E.A. certificate if ALS
8. If you are permitting aircraft under an ALS license application, please attach the following information:
- Attachment #8 Application(s) for air ambulance permit(s) - for each aircraft requested. Must be completed and signed.
 - Attachment #9 Medical Malpractice/professional liability insurance for all air medical crew members and medical director.
 - Attachment #10 Insurance verification - copy of insurance policy, certificate of insurance or certificate of self-insurance showing limits of coverage, policy expiration date and FAA number of each aircraft
 - Attachment #11 Pilot licensure - Copy of each pilot's commercial license and current medical certificate.
 - Attachment #12 Air worthiness certificate- Copy of the air worthiness certificate for each aircraft permit you are applying for.
9. Fees are established by §401.34, Florida Statutes. Check or money order should be made payable to Emergency Medical Services. All fees are nonrefundable.

10. Check the box that applies

I hereby certify that this service will provide continuous service on a 24-hour day, 7-day week basis.

I hereby certify that this service will provide interfacility transport only and may not be available 24 hours a day 7 days a week.

11. I, the undersigned, a representative of the above service do hereby attest that this licensee meets all requirements for operation of an ambulance service in the state as provided in Chapters 395 and 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code. I further acknowledge any violations or discrepancies discovered will subject this service and it's authorized representatives to actions and penalties provided by law.

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

NOTARY SEAL

Signature

Notary Public

Name (Please Print)

My commission Expires Date

Position

Date

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.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES
APPLICATION FOR VEHICLE PERMIT(S)

EMS Provider Lake City Fire Department Provider # _____
 Business Address 225 NW Main Blvd.
 City Lake City State FL Zip Code 32055 County Columbia


	PERMIT TYPE						VEHICLE DATA			
	DUPLICATE	NEW	CURRENT PERMIT #	ALS		BLS	YEAR	MAKE	MODEL	V.I.N.
				TRANS	NON-TRANS	TRANS				
1		X			X		2021	Ford	F550	1FD0W5GT9NEC49057
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Enclose Permit Fee(s). **Do not send cash.** Checks should be made payable to Emergency Medical Services and mailed to 4052 Bald Cypress Way, Bin A22, Tallahassee, Florida 32399-1738. **All fees are nonrefundable** §401.34(1), Florida Statute, (F.S.).

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

 Assistant Fire Chief 
 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.

CERTIFICATE OF COVERAGE		ISSUED ON: 3/11/2026	
COVERAGE PROVIDED BY: PREFERRED GOVERNMENTAL INSURANCE TRUST			
PACKAGE AGREEMENT NUMBER: PK FL1 0122002 25-01		COVERAGE PERIOD: 10/1/2025 TO 10/1/2026 12:01 AM	
COVERAGES: This is to certify that the agreement below has been issued to the designated member for the coverage 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 coverage afforded by the agreement described herein subject to all the terms, exclusions and conditions of such agreement.			
Mail to: Certificate Holder Proof of Insurance		<i>Designated Member</i> City of Lake City 205 N Marion Ave Lake City, Florida 32055-3918	
LIABILITY COVERAGE <input checked="" type="checkbox"/> Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury: Limit: \$3,000,000 \$10,000 Deductible <input checked="" type="checkbox"/> Employee Benefits Liability Limit: \$3,000,000 \$10,000 Deductible <input checked="" type="checkbox"/> Employment Practices Liability Limit: \$3,000,000 \$10,000 Deductible <input checked="" type="checkbox"/> Public Officials Liability Limit: \$3,000,000 \$10,000 Deductible <input checked="" type="checkbox"/> Law Enforcement Liability Limit: \$3,000,000 \$10,000 Deductible		WORKERS' COMPENSATION COVERAGE WC AGREEMENT NUMBER: Self Insured Workers' Compensation Statutory Workers' Compensation Employers Liability Each Accident By Disease Aggregate Disease	
PROPERTY COVERAGE <input checked="" type="checkbox"/> Buildings & Personal Property Limit: Per Schedule on file with Trust \$10,000 Deductible <i>Note: See coverage agreement for wind, flood, and other deductibles.</i> <input checked="" type="checkbox"/> Inland Marine – Rented, Borrowed and Leased Equipment Limit: \$1,000,000 TIV See Schedule for Deductible <input checked="" type="checkbox"/> Inland Marine – All other Limit: \$1,535,778 TIV See Schedule for Deductible		AUTOMOBILE COVERAGE <input checked="" type="checkbox"/> Automobile Liability Limit: \$1,000,000 \$0 Deductible <input checked="" type="checkbox"/> All Owned <input checked="" type="checkbox"/> Specifically Described Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input checked="" type="checkbox"/> Automobile Physical Damage <input checked="" type="checkbox"/> Comprehensive See Schedule for Deductible <input checked="" type="checkbox"/> Collision See Schedule for Deductible <input checked="" type="checkbox"/> Hired Auto with limit of \$500,000 Garage Keepers Liability Limit Liability Deductible Comprehensive Deductible Collision Deductible	
CRIME COVERAGE <input checked="" type="checkbox"/> Employee Dishonesty Limit: \$500,000 \$0 Deductible <input checked="" type="checkbox"/> Forgery or Alteration Limit: \$500,000 \$0 Deductible <input checked="" type="checkbox"/> Theft Disappearance & Destruction Limit: \$500,000 \$0 Deductible <input checked="" type="checkbox"/> Computer Fraud Limit: \$500,000 \$0 Deductible			
NOTE: Additional Covered Party status is excluded for non-governmental entities. The most we will pay is further limited by the limitations set forth in Section 768.28(5), Florida Statutes (2010) or the equivalent limitations of successor law which are applicable at the time of loss.			
Description of Operations/ Locations/ Vehicles/Special items-(This section completed by member's agent, who bears complete responsibility and liability for its accuracy):			
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the agreement above.			
Administrator Public Risk Underwriters® P.O. Box 958455 Lake Mary, FL 32795-8455		CANCELLATIONS SHOULD ANY OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE COVERAGE AGREEMENT PROVISIONS. 	
Producer Arthur J. Gallagher Risk Management Services, Inc. - Jacksonville/Yulee 501 Riverside Avenue, Suite 1000 Jacksonville, Florida, 32202		<hr/> AUTHORIZED REPRESENTATIVE	
PGIT-CERT (1/19) PRINT FORM			



3/11/2026

Proof of Insurance

,

Re: Coverage Agreement - PK FL1 0122002 25-01

City of Lake City

Effective Date: 10/1/2025 to 10/1/2026

To Whom It May Concern:

Preferred Governmental Insurance Trust is unable to name non-governmental entities as an additional covered party due to Florida Statute 768.28.

Non-governmental entities do not enjoy sovereign immunity protection under Florida law. Coverage through the Preferred Governmental Insurance Trust is predicated upon the concept of sovereign immunity among all its members. Accordingly, entities which are not eligible for sovereign immunity protection under F.S. 768.28 may not be an additional covered party under the Preferred coverage agreement.

We appreciate your understanding.

**Margaret E. Gross, CPCU
Director of Underwriting**

If Additional Covered Party status was not requested on the attached certificate, the provisions in this letter do not apply.

Unit Number	VIN	Year	Vehicle Make	Model	Vehicle Type	Reported Value
001	5729	1926	American LaFrance	Lafrance Fire Truck	Heavy Truck	\$57,500.00
002	3066	1982	Lowboy	35 Ton Muvall Trailer	Trailer - NO CHARGE	\$12,000.00
003	4591	1981	Other	Trailer	Trailer - NO CHARGE	\$0.00
004	6303	1972	Other	Hobb Limerock Trailer	Trailer - NO CHARGE	\$0.00
005	5690	1995	Vac-Con	Sewer Cleaner	Heavy Truck	\$174,905.00
006	4211	1997	Ford	LT-9000 Dump Truck	Garbage Truck	\$62,524.00
007	6443	1997	Ford	L-9501 Truck	Light Truck	\$46,817.00
008	4464	1997	Ford	L-9000 Truck	Light Truck	\$46,817.00
009	4125	2001	Sterling	M8500 SA Dump Truck	Garbage Truck	\$49,893.00
010	6541	2000	Other	Terex Amida Trailer	Trailer - NO CHARGE	\$4,537.00
011	6674	2002	Ford	Truck	Light Truck	\$70,469.00
012	1671	2002	Chevrolet	Trailer	Trailer - NO CHARGE	\$55,000.00
013	5627	2002	Other	Orr Trailer	Trailer - NO CHARGE	\$4,600.00
014	2287	2004	Ford	F-750 Truck	Heavy Truck	\$33,000.00
015	7657	2006	Interstate	Tilting Trailer	Trailer - NO CHARGE	\$15,000.00
016	5589	2007	Freightliner	Dump Truck	Garbage Truck	\$61,979.00
017	1519	2006	E-One	Ladder Fire Truck	Fire Truck	\$595,260.00
018	2478	2007	International	Lift Truck	Semi Trailer	\$100,000.00
019	8176	2008	Other	Soue Utility Trailer	Trailer - NO CHARGE	\$5,840.00
020	7208	2008	Chevrolet	High Cube Van	Medium Truck	\$216,600.00
021	6394	2010	Mack	Semi Truck Tractor	Semi Trailer	\$96,760.00
022	3432	2011	GMC	Savana	Medium Truck	\$29,560.00
023	5294	2012	Mack	Dump Truck	Heavy Truck	\$132,585.00
024	5295	2012	Mack	Dump Truck	Heavy Truck	\$132,585.00
025	6736	2011	E-One	Rescue Pumper	Fire Truck	\$299,960.00
026	6846	2012	Other	Hurricane Utility Trailer	Trailer - NO CHARGE	\$3,400.00
027	9766	2012	Ford	F-650 Truck	Heavy Truck	\$135,600.00
028	716TA	2011	Cargo	Utility Trailer	Trailer - NO CHARGE	\$3,000.00
029	8182	2013	E-One	Rescue/Pumper	Fire Truck	\$350,000.00
030	1587	2008	Ford	F-150	Light Truck	\$15,000.00
031	2266	2013	Big Tex	Utility Trailer	Trailer - NO CHARGE	\$6,770.00
032	6773	2014	Ford	F550	Heavy Truck	\$82,500.00
033	3220	2015	Ford	F-650 Truck	Heavy Truck	\$122,465.00
034	8179	2015	International	Jet Refueler	Semi Trailer	\$222,000.00
035	2566	2016	Ford	F-150 Reg Cab 4X2	Light Truck	\$16,240.00
036	2565	2016	Ford	F-150 Reg Cab 4X2	Light Truck	\$15,993.00
037	2568	2016	Ford	F-150 Super Cab 4X2	Light Truck	\$17,160.00
038	8406	2015	Utility	Utility Trailer	Trailer - NO CHARGE	\$1,000.00
039	6459	2016	Ford	F-350	Medium Truck	\$56,465.00
040	2210	2016	Ford	Transit Connect	Medium Truck	\$12,286.00
041	4102	2016	International	Truck	Semi Trailer	\$141,192.00
042	7069	2016	Ford	F-550	Heavy Truck	\$33,982.00
043	4036	2016	Ford	Van	Medium Truck	\$20,714.00
044	7819	2006	Kenworth	T300 Fire Engine 1	Fire Truck	\$50,000.00
045	2149	2012	Mack	GU713	Heavy Truck	\$50,000.00
046	4213	2017	Ford	Interceptor SUV	Police Car	\$35,000.00
047	4210	2017	Ford	Interceptor SUV	Police Car	\$35,000.00
048	4214	2017	Ford	Interceptor SUV	Police Car	\$35,000.00
049	4211	2017	Ford	Interceptor SUV	Police Car	\$35,000.00
050	4209	2017	Ford	Interceptor SUV	Police Car	\$35,000.00
051	4208	2017	Ford	Interceptor SUV	Police Car	\$35,000.00
052	9595	2017	Diamond Back	Cargo 5200 Trailer	Trailer - NO CHARGE	\$7,400.00
053	4206	2017	Ford	Interceptor Suv	Police Car	\$33,000.00
054	3709	2000	Chevrolet	Truck-White	Light Truck	\$105,000.00
055	2402	2006	Ford	Taurus	Private Passenger	\$16,500.00
056	9670	2017	Polaris	Ranger	Light Truck	\$11,000.00
057	2630	2017	Ford	Interceptor SUV	Police Car	\$35,600.00
058	3123	2017	Ford	Interceptor SUV	Police Car	\$35,600.00
059	2626	2017	Ford	Interceptor SUV	Police Car	\$35,600.00
060	2628	2017	Ford	Interceptor SUV	Police Car	\$35,600.00
061	2629	2017	Ford	Interceptor SUV	Police Car	\$35,600.00
062	3122	2017	Ford	Interceptor SUV	Police Car	\$36,000.00
063	7143	2019	Ford	F-250	Light Truck	\$25,000.00
064	5307	2019	Ford	F-550	Heavy Truck	\$44,000.00
065	5308	2019	Ford	F-550	Heavy Truck	\$44,000.00
066	5007	2019	Ford	F-250	Light Truck	\$25,000.00
067	5006	2019	Ford	F-250	Light Truck	\$20,000.00

068	6373	2019	Big Tex	22PH-208K-SMR	Trailer - NO CHARGE	\$11,000.00
069	1128	2019	Ford	F-150	Light Truck	\$36,000.00
070	5787	2019	Ford	Fusion	Private Passenger	\$25,000.00
071	5097	2019	Ford	F-550	Heavy Truck	\$44,000.00
072	5216	2020	Other	Texas Trailer FB2320	Trailer - NO CHARGE	\$11,000.00
073	9811	2020	Cargo	BL824TA3 Trailer	Trailer - NO CHARGE	\$9,500.00
074	7566	2020	Chevrolet	Silverado 1500	Light Truck	\$17,000.00
075	7714	2020	Chevrolet	Traverse	Private Passenger	\$22,000.00
076	7656	2020	Chevrolet	Traverse	Private Passenger	\$22,000.00
077	7396	2020	Chevrolet	Traverse	Private Passenger	\$22,000.00
078	3795	2020	Chevrolet	Silverado 1500	Light Truck	\$16,000.00
079	7621	2020	Chevrolet	Colorado	Medium Truck	\$25,000.00
080	2938	2020	Chevrolet	Silverado 1500	Light Truck	\$20,000.00
081	3608	2020	Chevrolet	Silverado 1500	Light Truck	\$16,000.00
082	7309	2020	Chevrolet	Silverado 1500	Light Truck	\$16,000.00
083	3174	2020	Chevrolet	Silverado 2500 HD	Medium Truck	\$35,000.00
084	7620	2020	Chevrolet	Colorado	Medium Truck	\$25,000.00
085	2660	2020	Chevrolet	Silverado 1500	Light Truck	\$17,000.00
086	7794	2020	GMC	Terrain	Private Passenger	\$23,700.00
087	7433	2020	GMC	Terrain	Private Passenger	\$23,700.00
088	6233	2020	GMC	Terrain	Private Passenger	\$23,200.00
089	7394	2020	Chevrolet	Tahoe	Light Truck	\$28,200.00
090	3064	2020	Chevrolet	Silverado	Light Truck	\$28,500.00
091	2989	2020	Chevrolet	Silverado 1500 DBL C	Light Truck	\$28,500.00
092	3476	2020	Chevrolet	Silverado 1500 CRW C	Light Truck	\$24,700.00
093	3179	2020	Chevrolet	Silverado 1500 CRW C	Light Truck	\$30,000.00
094	6083	2020	GMC	Terrain	Private Passenger	\$23,200.00
095	4910	2020	Chevrolet	Silverado 2500HD DBL	Medium Truck	\$30,200.00
096	7371	2020	Chevrolet	Traverse	Private Passenger	\$29,900.00
097	7441	2020	Chevrolet	Tahoe	Light Truck	\$35,600.00
098	7249	2020	Chevrolet	Silverado 1500 Dbl C	Light Truck	\$25,800.00
099	4745	2020	Chevrolet	Silverado 1500 Crew	Light Truck	\$26,400.00
100	3910	2020	Chevrolet	2500 Hd DBL Cab	Medium Truck	\$30,200.00
101	6227	2020	Other	Kemi Util Hydraulic TRLR	Trailer - NO CHARGE	\$30,600.00
102	4732	2020	Chevrolet	Silverado 2500HD	Medium Truck	\$35,900.00
103	3966	2020	Chevrolet	Tahoe	Light Truck	\$43,300.00
104	2961	2020	Chevrolet	Malibu	Private Passenger	\$12,700.00
105	3664	2020	Chevrolet	Silverado 1500	Light Truck	\$25,200.00
106	3508	2020	Chevrolet	Silverado 1500	Light Truck	\$16,200.00
107	7114	2020	Chevrolet	Tahoe	Light Truck	\$28,400.00
108	2815	2020	Chevrolet	Tahoe	Light Truck	\$33,000.00
109	3987	2020	Chevrolet	Tahoe	Light Truck	\$43,300.00
110	6925	2020	Chevrolet	Silverado 1500	Light Truck	\$18,200.00
111	1517	2021	Mack	Flatbed Dump Truck	Heavy Truck	\$119,200.00
112	1518	2021	Mack	Flatbed Dump Truck	Heavy Truck	\$119,200.00
113	8474	2020	Ford	F-550	Heavy Truck	\$134,400.00
114	4553	2020	Chevrolet	Silverado 2500HD	Medium Truck	\$35,900.00
115	1535	2020	Ford	Transit 150	Medium Truck	\$18,300.00
116	5830	2020	Ford	F-150	Light Truck	\$36,000.00
117	2774	2020	Ford	Police Interceptor	Police Car	\$43,500.00
118	2776	2020	Ford	Police Interceptor	Police Car	\$43,500.00
119	2777	2020	Ford	Police Interceptor	Police Car	\$35,200.00
120	2775	2020	Ford	Police Interceptor	Police Car	\$38,400.00
121	106	2020	Ford	F-350	Medium Truck	\$39,200.00
122	4728	2021	Other	6X12 Utility Trailer	Trailer - NO CHARGE	\$2,900.00
123	3972	2020	Chevrolet	Silverado 2500HD	Medium Truck	\$28,300.00
124	4055	2020	Chevrolet	Silverado 2500HD	Medium Truck	\$25,600.00
125	3676	2009	Sterling	4X4 Altec Bucket TRK	Heavy Truck	\$54,200.00
126	1122	2021	Utility	Trailer	Trailer - NO CHARGE	\$1,900.00
127	1061	2020	Ford	F-150 XL 4X4 Super C	Light Truck	\$41,002.00
128	2163	2020	Chevrolet	Silverado 5500	Heavy Truck	\$54,885.00
129	6513	2021	Chevrolet	Silverado 1500	Light Truck	\$31,641.00
130	9720	2021	Vac-Con	Sewer Cleaner	Heavy Truck	\$402,610.00
131	3257	2021	Chevrolet	Silverado 1500	Light Truck	\$27,301.00
132	6909	2021	Chevrolet	Silverado 2500HD	Medium Truck	\$43,004.00
133	6854	2021	Chevrolet	Silverado 2500HD	Medium Truck	\$40,104.00
134	6696	2021	Chevrolet	Silverado 2500HD	Medium Truck	\$40,556.00
135	5679	2021	Chevrolet	Silverado 2500HD	Medium Truck	\$33,813.00

136	6079	2021	Chevrolet	Silverado 2500HD	Medium Truck	\$41,599.00
137	6239	2021	Chevrolet	Silverado 2500HD	Medium Truck	\$41,184.00
138	2466	2021	Chevrolet	Silverado 1500	Light Truck	\$26,389.00
139	413	2021	Chevrolet	Silverado 1500	Light Truck	\$27,226.00
140	4055	2021	Chevrolet	Silverado 2500HD	Medium Truck	\$35,318.00
141	165	2020	Ford	F350 XI 4X4	Medium Truck	\$52,223.00
142	9107	2021	Chevrolet	Silverado 1500	Light Truck	\$27,599.00
143	898	2021	Chevrolet	Silverado 1500	Light Truck	\$32,047.00
144	7572	2021	Chevrolet	Silverado 3500H Reg	Medium Truck	\$39,741.00
145	4713	2006	Freightliner	Lift Truck	Heavy Truck	\$109,449.00
146	9057	2022	Ford	F-550	Heavy Truck	\$140,690.00
147	3285	2021	Chevrolet	Silverado 1500 4X2	Light Truck	\$26,763.00
148	3127	2021	Chevrolet	Traverse SUV	Private Passenger	\$34,764.00
149	5679	2021	Chevrolet	Silverado 2500HD 4X2	Medium Truck	\$33,813.00
150	6079	2021	Chevrolet	Silverado 2500HD 4X2	Medium Truck	\$41,599.00
151	898	2021	Chevrolet	Silverado 1500 4X4	Light Truck	\$32,161.00
152	6267	2021	Chevrolet	Silverado 5500 HD	Heavy Truck	\$54,408.00
153	6266	2021	Chevrolet	Silverado 5500 HD	Heavy Truck	\$54,061.00
154	6265	2021	Chevrolet	Silverado 5500 HD	Heavy Truck	\$52,777.00
155	6039	2021	Chevrolet	Silverado 5500 HD	Heavy Truck	\$58,321.00
156	5582	2021	Ford	Interceptor	Police Car	\$46,526.00
157	5581	2021	Ford	Interceptor	Police Car	\$47,082.00
158	5580	2021	Ford	Interceptor	Police Car	\$47,082.00
159	4514	2021	Chevrolet	Silverado 3500HD 4X4	Medium Truck	\$37,316.00
160	3109	2022	Tymco	600 Street Sweeper	Heavy Truck	\$309,159.00
161	4579	2021	Chevrolet	Silverado 3500	Medium Truck	\$44,922.00
162	2061	2023	Mack	Dump Truck	Heavy Truck	\$130,470.00
163	2303	2023	Ford	Interceptor SUV	Police Car	\$55,770.00
164	8537	2022	Dodge	Ram Cargo Van	Heavy Truck	\$44,778.00
165	2580	2023	Ford	Interceptor SUV	Police Car	\$55,770.00
166	2281	2023	Ford	Interceptor SUV	Police Car	\$55,770.00
167	2472	2023	Ford	Interceptor SUV	Police Car	\$55,770.00
168	2499	2023	Ford	Interceptor SUV	Police Car	\$55,770.00
169	5298	2023	Ford	Interceptor SUV	Police Car	\$55,770.00
170	1FM5K8AB7PGA62474	2023	Ford	Interceptor SUV	Police Car	\$55,770.00
171	4481	2023	Ford	Interceptor SUV	Police Car	\$55,770.00
172	5172	2023	Ford	Interceptor SUV	Police Car	\$55,770.00
173	5150	2024	Other	Texas Trailer	Trailer - NO CHARGE	\$8,100.00
174	3127	2023	Other	AVS Custom Utility TRLR	Trailer - NO CHARGE	\$2,450.00
175	5161	2024	Other	Texas Utility Trailer	Trailer - NO CHARGE	\$14,305.00
176	9303	2024	Chevrolet	2500	Medium Truck	\$42,737.00
177	6664	2024	Chevrolet	2500	Medium Truck	\$42,737.00
178	1689	2023	Other	J&E Utility Trailer	Trailer - NO CHARGE	\$6,923.00
179	1690	2023	Other	J&E Utility Trailer	Trailer - NO CHARGE	\$6,923.00
180	1138	2024	Chevrolet	Silverado 1500	Light Truck	\$42,737.00
181	6685	2024	Big Tex	Utility Trailer	Trailer - NO CHARGE	\$12,830.00
182	5045	2024	Chevrolet	Silverado 2500	Medium Truck	\$65,532.00
183	1135	2024	Other	J&E Utility Trailer	Trailer - NO CHARGE	\$6,923.00
184	7031	2019	Dodge	Ram 5500 W/Jet-Eye	Heavy Truck	\$162,600.00
185	9712	2024	Chevrolet	Traverse	Private Passenger	\$43,902.00
186	9807	2020	Chevrolet	Silverado 1500	Light Truck	\$25,200.00
187	16V1D2122T5444495	1996	Big Tex	16' Dump Trailer	Trailer - NO CHARGE	\$16,515.00
188	1FTFX1L54SKF10989	2025	Ford	F150 Super Cab 4X4	Light Truck	\$67,131.00
189	1FBZX2YM0KKA27703	2019	Ford	Transit 350	Medium Truck	\$43,904.00
190	1FMJU1H84REB17844	2024	Ford	Expedition	Light Truck	\$55,770.00
191	1FD7X2A63JEB41203	2018	Ford	F250	Light Truck	\$19,141.00
192	1FM5K8AR0HGB92627	2017	Ford	Interceptor SUV	Police Car	\$35,852.00
193	1FM5K8AR6HGB93121	2017	Ford	Interceptor SUV	Police Car	\$35,852.00
194	1FM5K8AR0JGA83767	2018	Ford	Interceptor SUV	Police Car	\$38,658.00
195	1FM5K8AR0JGA83763	2018	Ford	Interceptor SUV	Police Car	\$38,658.00
196	1FM5K8AR0JGA83761	2018	Ford	Interceptor SUV	Police Car	\$38,658.00
197	1FM5K8AR0JGA83766	2018	Ford	Interceptor SUV	Police Car	\$38,658.00
198	1FM5K8AR0JGA83758	2018	Ford	Interceptor SUV	Police Car	\$38,658.00
199	1FM5K8AR0JGA83759	2018	Ford	Interceptor SUV	Police Car	\$38,658.00
200	1FM5K8R1HGB93124	2017	Ford	Interceptor SUV	Police Car	\$35,852.00
201	1FM5K8AR0JGA83765	2018	Ford	Interceptor SUV	Police Car	\$35,831.00
202	1FTW2A69GEB86727	2016	Ford	F250	Light Truck	\$32,433.00
203	3C7WRMFL3TG240963	2026	Dodge	RAM 5500 w/ crane truck	Heavy Truck	\$214,493.00

204	3HAEKTATXRL099903	2024	International	HV607	Heavy Truck	\$727,016.00
205	1GCPACED2TZ232396	2026	Chevrolet	Silverado 1500	Light Truck	\$42,695.00
206	1GCPACED6TZ231980	2026	Chevrolet	Silverado 1500	Light Truck	\$45,539.00
207	3GCPABEK7TG207535	2026	Chevrolet	Silverado 1500	Light Truck	\$45,539.00
208	1GCPABEK0TZ231515	2026	Chevrolet	Silverado 1500	Light Truck	\$45,539.00
209	3GCUKAED7TG212410	2026	Chevrolet	Silverado 1500	Police Car	\$54,166.00
210	3GCPABEK0TG207537	2026	Chevrolet	Silverado 1500	Light Truck	\$44,409.00
211	3GCUKAED4TG211599	2026	Chevrolet	Silverado 1500	Police Car	\$54,166.00
212	1GCPACED3TZ231905	2026	Chevrolet	Silverado 1500	Light Truck	\$48,364.00
213	1GCPACED2TZ232012	2026	Chevrolet	Silverado 1500	Light Truck	\$48,364.00

Lake City Fire Department

225 NW Main Blvd. • Lake City, FL 32055 • (386) 752-3312

MEMORANDUM

Date: February 27, 2026
To: Florida Department of Health, Bureau of Emergency Medical Oversight (EMS)
From: Dr. Colby Redfield, Medical Director
Subject: Cervical Spine Immobilization Equipment

This memorandum serves as authorization for Lake City Fire Department to utilize any adjustable, cervical immobilization collar which is commercially manufactured for both adults and pediatric patients.

Although our agency has transitioned away from the routine use of head immobilizers and backboards for spinal precautions, the agency is authorized to utilize any commercially manufactured head immobilizer device in instances where it may be prudent to do so. If a commercially manufactured head immobilizer device is not available, health care providers are authorized to improvise and fashion a device from available resources (rolled towels, etc.).



Colby Redfield, M.D.
Medical Director

Lake City Fire Department

Trauma Transport Protocols

I. DISPATCH PROCEDURES

All requests for Emergency Medical Services will be routed through the Columbia County Combined Dispatch Center (CDC). The Columbia County CDC is the Primary Public Safety Answering Point (PSAP) for all requests for Emergency Medical Services and is operated by the Columbia County Board of County Commissioners.

1. Access

The public may access Emergency Medical Services through the Columbia County CDC by dialing "911" or (386)758-2362 on any landline telephone or Cellular telephone.

- The public may access emergency medical services by physically arriving at any LCFD station.
- Any public Safety agency may access the Columbia County CDC by dialing "911" on any telephone or by dialing (386)758-2362 on any telephone
- Any public Safety agency with the capabilities may access Columbia County CDC via radio, Regional Medical Communications Frequency, or Statewide Med 8 channel.

2. Information Solicited from the 911 caller

- Caller's address and phone number
- Address of emergency
- Nature of emergency
- Number of patients, if possible
- Type of emergency i.e. illness or injury
- Extent and/or severity of illness or injury
- Location i.e. house, street, and any information including cross-street Possible or actual hazards i.e. fire, water hazards, assailant, etc.

The Columbia County CDC Personnel will provide responding units with all available information concerning the incident.

3. Dispatching Emergency Vehicle(s)

The Columbia County CDC Personnel will identify and dispatch the most appropriate ALS Medic Unit as determined by:

- Geographical Location (Zones 1 through 5)
- Nature of emergency
- Number of patients as reported
- Extent and/or severity of illness as reported
- EMS Officer in Charge

Emergency Medical Services responders will be dispatched immediately upon notification of the incident. Further information will be relayed to responding units as obtained.

4. Requesting Assistance

While responding to the scene of an emergency, personnel may request assistance from other emergency response agencies using the following procedures:

- On-scene personnel will contact the dispatcher via radio or telephone and request appropriate additional resources as needed for treatment and transport, including specific request for ATU, Ground, or Water Transport.
- The dispatcher will contact the agency requested and will then notify personnel of the requested agency's disposition and ETA.

II. Trauma Patient Assessment:

Adult Trauma (age 16 and older)

Any ONE of the following:

- The patient requires active airway assistance (other than supplemental oxygen).
- The heart rate is greater than 120 beats per minute without a radial pulse.
- The Systolic B/P is less than 90 mmHg without a radial pulse.
- Best Motor Response (BMR) is less than or equal to 4 or the Glasgow Coma Scale is less than or equal to 12. If patient's GCS is normally 12 or less, a decline of 2 points or more shall be considered grounds for designating the patient as a trauma alert.
- There is 2nd or 3rd degree burns greater than or equal to 15% of the total body surface area.
- There is amputation proximal to the wrists or ankles.
- There is penetrating injury to the head, neck, or torso excluding superficial wounds where the depth of the wound can be determined.
- There are 2 or more long-bone fracture sites (humerus, radius/ulna, femur, and tibia/fibula).

- There is paralysis, loss of sensation, or suspicion of spinal cord injury.

or

Any TWO OR MORE of the following:

- The respiratory rate is 30 breaths per minute or greater.
- Sustained heart rate is 120 beats per minute or greater.
- Best Motor Response (BMR) is 5 or less on the Glasgow Coma Scale. ● There is a major de-gloving injury or a flap avulsion greater than 5 inches.
- There is a gunshot wound (GSW) to an extremity.
- There is one long-bone fracture from a Motor Vehicle Collision (MVC) or a fall of 10 feet or greater.
- The patient's age is 55 or older.
- The patient was ejected from a motor vehicle (excluding motorcycle, moped, ATV, or open body of a pick-Up truck).
 - Steering Wheel deformity caused by patient impact.

Pediatric Trauma

A pediatric patient is any patient with a physical and anatomical characteristic of a person 15 years of age or younger.

Any ONE of the following:

- The patient requires active airway assistance such as intubation, or the patient's breathing is assisted with manual jaw thrust, active airway suctioning, or through the use of other airway adjuncts to assist ventilatory efforts.
- The patient presents with an altered mental status that includes: drowsiness, lethargy, the inability to follow commands, unresponsiveness (voice or pain).
- There is the presence of paralysis, loss of sensation or motor function, or there is suspicion of a spinal cord injury.
- The patient has a faint or non-palpable radial or femoral pulse, a systolic blood pressure of less than 50 mmHg, or sustained tachycardia greater than 160 beats per minute. ● There is evidence of an open long-bone (humerus, radius/ulna, femur, and tibia/fibula) fracture. There are multiple fracture sites or multiple dislocations.
- The patient has a major soft tissue disruption including major de-gloving injury, major flap avulsion, 2nd or 3rd degree burns to 10% or more of the total body surface area.
- Amputation proximal to a wrist or ankle.
- Any penetrating injury to the head, neck, or torso, (excluding superficial wounds where the depth of the wound can be determined).

or Any

TWO OR MORE of the following:

- There was a loss of consciousness or the patient exhibits symptoms of amnesia.
 - The radial or pedal pulses are not palpable or the Systolic Blood Pressure is less than 90 mmHg.
 - The patient reveals signs or symptoms of a single, closed long-bone fracture.
Long-bone fractures do not include isolated wrist or ankle fractures.
 - The patient has a weight less than 11 Kg or the body length is equivalent to this weight on a pediatric length based emergency tape.

EMT or Paramedic may issue a "Trauma Alert" if in his or her judgment, the trauma patient's condition warrants it. The reasoning will be documented on the Lake City Fire Department Emergency Medical Services Patient Care Report as required in Section 64J-2, FAC.

III. ISSUING A TRAUMA ALERT:

Upon determining that a trauma victim meets the criteria listed in the Adult Trauma Scorecard Methodology or the Pediatric Trauma Scorecard Methodology, the patient will be classified as a "Trauma Alert Patient". The EMS personnel will contact the Columbia County Combined Communications Dispatch Center to issue a "Trauma Alert" using the words "Trauma Alert" and the criteria that the patient meets.

The dispatcher shall notify the State-Approved Trauma Center (SATC) State-Approved Pediatric Trauma Referral Center (SAPTRC) or receiving hospital that they will be receiving a "Trauma Alert" patient.

IV. TRANSPORT DESTINATION CRITERIA:

All trauma alert patients must be transported to a SAPTRC or SAPTC nearest the location of the incident if the incident is within 30 minutes by ground or air transport or 50 miles by air transport. Historically in Union County, ground transportation to the trauma center(s) is more expedient than air transportation. The use of ATU will be considered if there is excessive delay as a result of extended extrication, multiple patients, mechanical breakdown, remote location or other extenuating circumstances.

Trauma Centers and Receiving Hospitals

Adult Trauma Centers

- Level I – UF Health TraumaOne Trauma Center, Jacksonville, FL UF Health Shands, Gainesville, FL

Pediatric Trauma Referral Centers

- Wolfson's Pediatric Hospital, Jacksonville, FL
- UF Health Shands, Gainesville, FL

Primary Receiving Hospital

- Lake Butler Hospital, Lake Butler, FL

- HCA Starke, Starke, FL
- HCA Florida Lake City, Lake City, FL

Isolated Spinal Cord Injuries

- UF Health TraumaOne Trauma Center, Jacksonville, FL
- UF Health Shands, Gainesville, FL

Burn Centers

- Isolated burn injuries meeting Trauma Alert criteria may be transported directly to UF Health in Gainesville, FL. If other associated Trauma is present, triage should direct the patient to the closest SAPTC or SATC trauma center.

Transporting to a hospital other than a SATC or SAPTRC

Trauma Alert patients may be transported to a hospital other than a SATC or SAPTC under the following conditions:

- If an ATU is unavailable and ground transport time to the SATC or SAPTC is greater than 60 minutes.
- Unable to secure a patent airway
- Imminent Exsanguinations where Blood or Blood Products are required If the patient is a trauma arrest.
- Extenuating Circumstances (such as severe weather, MCI, trauma center internal disaster, etc)

V. TRANSFER OF PATIENT CARE INFORMATION:

Lake City Fire Department Emergency Medical Services transport vehicle personnel shall provide documentation of all recorded information to the receiving hospital at the time the patient is transferred. This will include all pertinent incident information, patient identification, and patient care information. Lake City Fire Department Emergency Medical Services Personnel will provide documentation of all obtained information the trauma center, receiving hospital, or provider assuming patient care (ATU, other EMS agency, ect.). To include:

- Time of injury if different from the time of the call
- Date of injury if different from day of call County of injury
- County of residence of patient
- Cause of injury
- Injury site/type
- Trauma alert criteria if met as defined in Rule 64J-2.004 or 64J-2.005, F.A.C. Protective devices if motor vehicle crash, bicycle or marine crash

Lake City Fire Department Emergency Medical Services shall ensure that an accurate, complete patient care record is prepared for each patient. The transporting EMS provider shall have the patient care record as (defined

in subsection 64J-1.001(17), F.A.C., and required in Rule 64J-1.014, F.A.C.), available upon request within 24 hours of the time of dispatch in response to the request for emergency medical assistance.

The accurate and complete patient care record shall include all known information listed below and the known information defined under subsection 64J-1.001(18), F.A.C.;

- Date of call
- Time of call
- The service name
- Incident ID number
- Lead crew signature or identification number
- Service name for any other licensed service providing care
- Name of first responder agency
 - The patient's full name or unique identification number if the name is unknown
 - The patient's age
- Patient assessment information (e.g., airway, breathing, circulation, pupils, skin and vitals) taken on scene and en route
 - times taken for vitals
 - The initial vitals taken by a non-transport service before the arrival of the transport unit
 - The patient's medical history, current medications, allergies, and chief complaint
- Interventions attempted (e.g., airway, breathing, circulation, and secondary interventions) ■
 - Medication(s) administered; including the time, medication, dose and route

VI. INTER-HOSPITAL TRANSFER:

1. Upon request from Lake Butler Hospital for a transfer of a trauma alert patient to a trauma center, the Columbia County Combined Dispatch Center will notify the most readily available Columbia County ALS transport unit.
2. In the event that a Lake City Fire Department Emergency Medical Services ALS Medic Unit is not able to affect the transfer within 30 minutes, the Columbia County Combined Dispatch Center will notify the requesting hospital. The CDC will offer to provide assistance in obtaining an ATU or other means of transport.

VII. STATEMENT OF MEDICAL DIRECTION

As the Medical Director of the Lake City Fire Department, I developed and / or directed the development of the trauma transport protocols presented in this document.

Colby Redfield
Printed Name of Medical Director


Signature of Medical Director

ME 126222
M.D. / D.O. License Number

11/24/25
Approval Date

**COLUMBIA COUNTY, FLORIDA
RESOLUTION NO. 2025R-54**

**A RESOLUTION OF THE BOARD OF COUNTY
COMMISSIONERS OF COLUMBIA COUNTY, FLORIDA,
ISSUING A CERTIFICATE OF PUBLIC CONVENIENCE
AND NECESSITY TO THE CITY OF LAKE CITY FIRE
DEPARTMENT, IN ACCORDANCE WITH SECTION 401.25,
FLORIDA STATUTE**

WHEREAS, Chapter 401, Florida Statutes, Part III, Section 401.25, provides for licensure by the State of Florida Department of Health of entities providing basic life support or advanced life support transportation services; and

WHEREAS, Chapter 401, Florida Statutes, Part III, subsection 401.25(2)(d), provides that a condition precedent to such licensure is a Certificate of Public Convenience and Necessity from each county in which the applicant will operate; and

WHEREAS, the City of Lake City Fire Department ("Lake City") , shall provide Advance Life Support (ALS) emergency medical services, ambulance and transportation services for the citizens of Columbia County, Florida; and

WHEREAS, need has been demonstrated for Lake City to provide these essential services to the citizens of this County; and

WHEREAS, Lake City has indicated that it shall comply with all requirements of Chapter 401, Florida Statutes, Part III.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF COLUMBIA COUNTY, FLORIDA, hereby certifies that public convenience and necessity will be served by the City of Lake City Fire Department, providing emergency medical services, ambulance and transportation services within Columbia County.

Lake City shall in no way interfere with or cause confusion with respect to the performance of contractual emergency 9-1-1 services (EMS) provided by any third-party to the County.

Lake City shall utilize lights and sirens within Columbia County only when such use is justified by a patient's condition.


In issuing this certificate, the Board of County Commissioners attests that any recommendations of municipalities within the service area were considered.

This certificate shall expire upon the expiration or termination of Lake City's license issued by the State of Florida or five years from the date of this resolution, whichever occurs first.

PASSED AND DULY adopted by the Board of County Commissioners of Columbia County Florida, this 18th day of December, 2025.

ATTEST:

**BOARD OF COUNTY COMMISSIONERS
COLUMBIA COUNTY, FLORIDA**


James M. Swisher, Jr., Clerk of Courts

By: 
Tim Murphy, Chairman

(SEAL)

Approval as to form and correctness:


Joel E. Foreman, County Attorney

ATTESTATION QUESTIONS

1. Do you hold a board certification in addiction psychiatry or addiction medicine from one of the following associations; American Board of Medical Specialties, American Board of Addiction Medicine, American Osteopathic Association?

Yes No

2. Have you graduated, in good standing, from an accredited school of allopathic medicine, osteopathic medicine, dental surgery, dental medicine, physician assistant, or advance practice nursing in the United States during the 5-year period immediately preceding the date on which you first submitted a registration or renewal and the curriculum included not less than 8 hours of training?***

Yes No

*** A. Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder or

B. The safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders

3. Have you completed not less than 8 hours of training with one or more of the following from the approved training requirements?***

Yes No

*** The American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Dental Association, the American Association of Oral and Maxillofacial Surgeons, the American Psychiatric Association, or any other organization accredited by the Accreditation Council for Continuing Medical Education (ACCME) of the Commission for Continuing Education Provider Recognition (CCEPR)

Application Certification:

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

By typing my full name in the space below, I hereby certify that the foregoing information furnished on this electronic DEA application is true and correct and understand that this constitutes an electronic signature for purposes of this electronic DEA application only.

* Name of Applicant (For individual registrants, the registrant themselves MUST complete this E-Signature) or name of Officer of the Corporation/Company

e-Signature: COLBY REDFIELD

This electronic DEA application must be certified by the applicant/registrant, if an individual; by a partner of the applicant, if a partnership; or by an officer of the applicant, if a corporation, corporate division, association, trust, or other entity. See 21 C.F.R § 1301.13(j) for more information on who can certify this application

ADDITIONAL INFORMATION

Form 224 Form 224 Approved OMB Form No. 1117-0014 Expires: 06/30/2026(12 minutes)

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is (See Above). Public reporting burden for this collection of information is estimated to average (See Above) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.
3. The Debt Collection Improvements Act of 1996 (31 U.S.C. §7701) requires that you furnish your Taxpayer Identification Number (TIN) or Social Security Number (SSN) on this application. This number is required for debt collection procedures if your fee is not collectible.
4. **PRIVACY ACT NOTICE:**
Providing information other than your SSN or TIN is voluntary; however, failure to furnish it will preclude processing of the application. The authorities for collection of this information are §§302 and 303 of the Controlled Substances Act (CSA) (21 U.S.C. §§ 822 and 823). The principle purpose for which the information will be used is to register applicants pursuant to the CSA. The information may be disclosed to other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes, State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes, and person registered under the CSA for the purpose of verifying registration. For further guidance regarding how your information may be used or disclosed, and a complete list of the routine uses of this collection, please see the DEA System of Records Notice "Controlled Substances Act Registration Records" (DEA-005), 52 FR 47208, December 11, 1987, as modified.