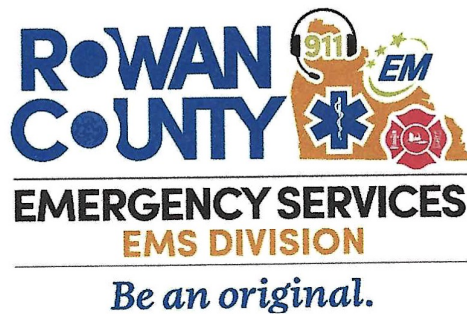


County of Rowan



Department of Emergency Services EMS Division



Application for Ambulance Franchise

The following instructions should assist you in completing the Rowan County Emergency Services' EMS System "Application for Ambulance Franchise". Fill in all appropriate fields with current information. Fields that are not applicable to this application shall have "N/A" inserted.

1. Section I must be filled out for all Ambulance Franchise applications and modifications. This page is formatted to be completed electronically and saved for future use.
2. For Franchise renewal, only SECTION I and the signature/acknowledgment page is required.
3. For Modifications, Section II is required in addition to Section I and the signature/acknowledgment page.
4. Franchise modifications retain the expiration date of the original application.
5. The document shall be completed electronically, printed upon completion and submitted with original signatures.
6. If any of the below information has changed, please update in North Carolina Office of Emergency Services CIS data base prior to submission and highlight below what is new.

While numerous changes to the Franchise Agency Provider's operation require only notification to the Rowan County EMS System and the North Carolina Office of Emergency Medical Service, certain changes will require a Franchise Modification.

Changes requiring local and State notification but not requiring a modification include:

- Agency contact information
- Annual continuing medical education training plans
- Personnel rosters
- Vehicle changes, additions or deletions

Changes requiring an Application for Ambulance Franchise Modification include:

- Provider Name
- Level of Service
- Location changes, additions or deletions
- Agency Type
- Response Level
- Additional Services provided

SECTION I: PROVIDER INFORMATION

NAME AND ADDRESS OF THE APPLICANT AND OWNER OF THE AMBULANCE PROVIDER. ¹ Attach a certified copy of any assumed name certificate or articles of incorporation.

Name: David Stevens

Address: 7385 Ridge Rd

City: Lexington

State: NC

Zip: 27295

Phone: 336-472-7433 Fax Number: 336-472-5668 Email Address: dave@providencetransport.com

Pager: Mobile: 336-508-6322

NAME UNDER WHICH SERVICE WILL OPERATE: ² Providence Transportation, Inc

NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES PROVIDER NUMBER: P536778

LEVEL OF SERVICE TO BE PROVIDED: ^{3,4} ☐ CONVALESCENT ☒ EMT-B ☐ EMT-I ☐ EMT-P

PROVIDE A BRIEF DESCRIPTION OF THE ORGANIZATIONS TRAINING AND EXPERIENCE IN THE CARE AND TRANSPORTATION OF PATIENTS. ⁵ Include a copy of your annual continuing medical education plan and a current roster from the North Carolina Office of Emergency Services CIS data base. (Character Limit 1750)

Providence Transportation has been in business since 2013. We were established as a non-emergency medical transportation company specializing in wheelchair and ambulatory transportation. Early in 2020 we launched our ambulance service with 2 ambulances in Davidson County. We have steadily grown our operation to 10 ambulances and 25 EMT's. We currently require all EMTs to keep up with their own continuing education. We will require EMTs working in Rowan County to attend the Rowan County continuing ed sessions.

DESCRIBE THE NUMBER AND TYPE OF VEHICLES OPERATED BY THE PROVIDER. INCLUDE THE DATE OF THE LAST OEMS INSPECTION AND ITS EXPIRATION.⁶ Attach a current vehicle list from the from the North Carolina Office of Emergency Medical Services CIS data base. If more than 2 vehicles are operated, contact the Emergency Services Office for an amended application.

Unit #: 105 Make: Chevrolet Model: 4500 Year: 2017

VIN: 1GB6GUCG5H1109747 Permit: NC005432 Inspection Date: 1/5/2022 Expiration: 12/31/2023

Unit #: 101 Make: Mercedes Model: 4500 Year: 2011

VIN: WD3PE7CCOB5595351 Permit: NC004719 Inspection Date: 03/08/2022 Expiration: 03/31/2024

LIST THE LOCATION AND DESCRIPTION OF LOCATION/LOCATIONS FROM WHICH THE PROVIDER INTENDS TO OPERATE INCLUDING A DESCRIPTION OF THE RESPONSE DISTRICT⁷ AND HOURS OF OPERATION⁸. If more than 2 locations are intended, contact the Emergency Services Office for an amended application. Include a copy of your agency's listing from the North Carolina Office of Emergency Services CIS data base.

Location Name: Providence Transportation, LLC

Physical Address: 625 W Innes St Ste 102

City: Salisbury State: NC Zip Code: 28144

Mailing Address: 7385 Ridge Rd

City: Lexington State: NC Zip Code: 27295

Phone Number: 336-472-7433

Location Hours of Operation: 24 Location Days of Operation: 7

Location Name:

Physical Address:

City: State: Zip Code:

Mailing Address:

City: State: Zip Code:

Phone Number:

Location Hours of Operation: Location Days of Operation:

INDICATE SERVICES CURRENTLY PROVIDED BY THE APPLICANT. ADDITION OR DELETION OF SERVICES REQUIRES AN APPLICATION FOR FRANCHISE MODIFICATION.⁹

AGENCY TYPE: Check One

☐ Public ☒ Private

RESPONSE LEVEL: Check One

- ☒ Primary Emergency Response (receives assignments from ROWAN Telecommunications via radio dispatch)
- ☒ Primary Non-Emergency Response (schedules/arranges calls through a third-party call center)

ADDITIONAL SERVICES PROVIDED: Check all that apply

☒ Event Standby

☐ Transportation of members/employees

☒ EMS Backup (EMS backup is an expected component of franchise operation. Providers who choose not to offer EMS back up services must submit documentation supporting that position. Consideration will be given to that request during application review.)

SECTION II: FRANCHISE MODIFICATION

NAME AND ADDRESS OF THE APPLICANT AND OWNER OF THE AMBULANCE PROVIDER. ¹

Name:

Address:

City:

State:

Zip:

Phone:

Fax Number:

Email Address:

Pager:

Mobile:

NAME UNDER WHICH SERVICE WILL OPERATE: ²

NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES PROVIDER NUMBER:

LEVEL OF SERVICE TO BE PROVIDED:^{3,4} ☐ CONVALESCENT ☐ EMT-B ☐ EMT-I ☐ EMT-P

FOR ADDITIONS OR DELETIONS, PROVIDE INFORMATION BELOW FOR THE AFFECTED LOCATION(S).

☐ ADD ☐ DELETE

Location Name:

Physical Address:

City:

State:

Zip Code:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Location Hours of Operation:

Location Days of Operation:

INDICATE SERVICES PROPOSED BY THE APPLICANT AS A PART OF THIS APPLICATION FOR FRANCHISE MODIFICATION. ⁹

AGENCY TYPE: Check One

☐ Public

☐ Private

RESPONSE LEVEL: Check One

☐ Primary Emergency Response (receives assignments from ROWAN via radio dispatch)

☐ Primary Non-Emergency Response (schedules/arranges calls through a third party call center)

ADDITIONAL SERVICES PROVIDED: Check all that apply

- ☐ Event Standby
- ☐ Transportation of members/employees
- ☐ EMS Backup (EMS backup is an expected component of franchise operation. Providers who choose not to offer EMS back up services must submit documentation supporting that position. Consideration will be given to that request during application review.)

DOCUMENT CHECKLIST: Please be certain that all of the documents listed are included with your application.

- ☒ Certified copy of "Assumed Name Certificate" or Articles of Incorporation.
- ☒ Annual Continuing Medical Education Training Plan
- ☒ Current employee/member roster printed from the North Carolina Office of Emergency Services CIS data base
- ☒ Current vehicle listing printed from the North Carolina Office of Emergency Services CIS data base
- ☒ Current Station listing printed from the North Carolina Office of Emergency Services CIS data base

FOR MODIFICATION APPLICANTS: (include applicable documents listed below)

- ☐ Certified copy of the UPDATED "Assumed Name Certificate" or Articles of Incorporation.
- ☐ UPDATED employee/member roster printed from the North Carolina Office of Emergency Services CIS data base
- ☐ UPDATED vehicle listing printed from the North Carolina Office of Emergency Services CIS data base
- ☐ UPDATED station listing printed from the North Carolina Office of Emergency Services CIS data base
1. 4-28.(1) of the codified Rowan County Ambulance Ordinance
 2. 4-28.(2) of the codified Rowan County Ambulance Ordinance
 3. 4-29.(a) of the codified Rowan County Ambulance Ordinance
 4. Level of Service indicated must be maintained for all hours of operation and must be the current level of service provided . Requests to modify level of service are found in Section II, Modifications.
 5. 4-28.(3) of the codified Rowan County Ambulance Ordinance
 6. 4-28.(4) of the codified Rowan County Ambulance Ordinance
 7. 4-28.(5) of the codified Rowan County Ambulance Ordinance
 8. 4-28.(6) of the codified Rowan County Ambulance Ordinance
 9. 4-28.(6) of the codified Rowan County Ambulance Ordinance

SUBMIT COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Rowan County Department of Emergency Services
2727 Old Concord Road, Suite E
Salisbury, NC 28146

Attn: Bradley Dean, Battalion Chief

This application shall be filled out and submitted to the Rowan County Department of Emergency Services. Upon receipt, the County may request other documentation as needed to judge the ability of the applicant to provide the service(s) or justify the need for such service(s) requested by this application.

Franchises will be in effect for a term of three (3) years. All franchises are renewed simultaneously. An agency requesting a new franchise or modification will be required to renew in synchronization with other agencies.

It is the responsibility of the franchise to provide, at all times specified in the franchise, the degree and level of service outlined in this application. This includes but is not limited to, maintaining all appropriate State certifications for vehicle and personnel. Additionally, a minimum number of eight (8) active members credentialed at the level of service indicated, must be represented on the roster to maintain the franchise certificate.

Under normal circumstances the franchise may be terminated by either party with ninety (90) days prior written notice.

I, the undersigned, have reviewed this Application for Ambulance Franchise. I fully approve, support, and endorse this modification with a thorough involvement and understanding of our respective roles and responsibilities in maintaining an EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.

I, the undersigned, acknowledge that pursuant to 10A NCAC 13P.0401 Components of Medical Oversight for EMS Systems, franchise agencies receive direction and oversight from the Rowan County EMS System. All franchise agencies must comply with the Rowan County Emergency Services EMS Divisions' EMS System Plan with regard to EMS Protocol, Policy and Procedure, as well oversight by the System Medical Director(s) and administrators.



Owner/President/Chief
Type/print name David Stevens

4/22/2022
Date

Providence Transportation Inc. (Rowan)

[Update Status](#)

General Information

Physical Address:

625 W Innes St
St 102
Salisbury, NC 28144
Rowan County
Latitude/Longitude Point:
35.672417,-80.4760915

Mailing Address:

7385 Ridge Road
Lexington, NC 27295
Davidson County
Latitude/Longitude Point:
35.9490934,-80.2070763

Primary Phone:**Secondary Phone:** 336-472-7433**Fax:****Website:** www.providencetransport.com**Status:** Open**Last Updated:**

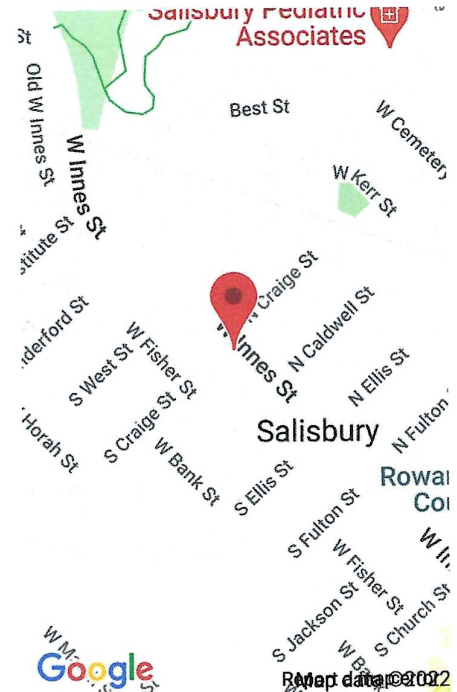
Properties

Agency Number: 0807950**EMS Agency Service Area County(ies):****Vendors:**

- ESO Solutions

SMAT Team Site: No**Services****Service Level:** Emergency Medical

Technician

Primary Service: 911 Response (Scene)**Associated System(s):**

- **System:** Rowan County EMS System, **Region:** West

Metropolitan Statistical Area:**Configuration**

with Transport Capability
Other Services:

EMD Vendor:

Billing Status:

**EMS Agency Specialty Service
Capability:**

Patient Monitoring Capability(ies):

Crew Call Sign:

Expanded Scope Of Practice: No

Organization

Type: Private, Non-Hospital

Status: Non-Volunteer

Agency Attachments

^

Agency License

^

Nothing found to display.

Agency Inspection

^

Nothing found to display.

Vehicles ⓘ

+ Create

^

VIN	Model	Unit	Permit				
	Year	Name	Permit	Expiration	Type	Level	Status
1GB6GUCG5H1109747	2017	A105	NC005432	12/31/2023	Permanent	EMT	In Service
1gb9g5b67a1133694	2010	A104	NC005405	06/30/2023	Permanent	EMT	In Service
WD3PE7CCOB5595351	2011	A101	NC004719	03/31/2024	Permanent	EMT	In Service

3 items found, displaying all items.

Export options: CSV | Excel | XML

Vehicle Availability  Edit ^

Nothing found to display.

Contacts  Add  Roster ^

Name	Job Title(s)	Certification	Exp Date	Phone Number(s)
David Alan Gilbert P063678	EMS Technician (Emergency Medical Technician) Training Officer (Emergency Medical Technician) Administrator (Emergency Medical Technician)	Advanced Emergency Medical Technician	11/30/2025	
April Leonard P538012	EMS Technician (Emergency Medical Technician) Secondary Contact (Emergency Medical Technician) Administrator (Emergency Medical Technician)	Emergency Medical Technician	04/30/2025	

Export options: CSV | Excel | XML

Personnel Availability  Edit ^

Nothing found to display.

Stations  Create ^

Nothing found to display.

Resource Capabilities



Type	Total
Available Ventilators	0
Total Ventilators	0
Available Morgue Capacity	0
Ambulatory Decontamination Capability	0
Non-ambulatory Decontamination Capability	0
EMS Chem Packs	0
Hospital Chem Packs	0

Special Skills



Edit



Skill and number trained or training

Nothing found to display.

First Name	Middle Name	Last Name	Suffix	State Office	Job Title(s)	Certification	Exp Date	Employment Status
John	Matthew	Baldwin		P118373	'EMS Technic Emergency A		4/30/25	'Full Time Paid Employee'
David	M	Bethard		P077600	'EMS Technic Emergency A		1/31/23	'Full Time Paid Employee'
Kristin	Unger	Bethard		P110014	'EMS Technic Emergency A		3/31/24	'Part Time Paid Employee'
William	S	Chappell		P108194	'EMS Technic Emergency A		7/31/24	'Part Time Paid Employee'
Robert	Sterling	Clayton		P080797	'EMS Technic Emergency A		2/28/25	'Full Time Paid Employee'
Dorothy	Lynn	Freidt		P521939	'EMS Technic Emergency A		7/31/24	'Part Time Paid Employee'
David	Alan	Gilbert		P063678	'EMS Technic Advanced Er		11/30/25	'Part Time Paid Employee'
Gary		Hill		P050422	'EMS Technic Emergency A		3/31/25	'Part Time Paid Employee'
Marshall	J	Hoppe		P003489	'Administrat Paramedic		3/31/24	'Part Time Paid Employee'
Eileen	Dorthella	Johnson		P507218	'EMS Technic Emergency A		6/30/22	'Full Time Paid Employee'
Wade	Andrew	Johnson		P545106	'EMS Technic Emergency A		2/28/26	'Full Time Paid Employee'
Edward	Clyde	Johnston	Jr	P065790	'EMS Technic Emergency A		1/31/23	'Full Time Paid Employee'
Nabeeha		Khan		P543787	'EMS Technic Emergency A		1/31/26	'Part Time Paid Employee'
Jamie	Lee	Kreber		P107792	'EMS Technic Emergency A		1/31/25	'Full Time Paid Employee'
April		Leonard		P538012	'EMS Technic Emergency A		4/30/25	'Full Time Paid Employee'
Enijah	Jarod	Pace		P530166	'EMS Technic Emergency A		8/31/24	'Part Time Paid Employee'
Kimberly		Ramos		P532509	'EMS Technic Emergency A		3/31/25	'Part Time Paid Employee'
William	Andrew	Robinson		P053885	'EMS Technic Emergency A		1/31/25	'Full Time Paid Employee'
Crystal	M	Samuels		P008296	'EMS Technic Paramedic		4/30/22	'Part Time Paid Employee'
Karla	Gessel	Solorzano		P535956	'EMS Technic Emergency A		6/30/25	'Full Time Paid Employee'
Alec	Daniel	Styer		P540847	'EMS Technic Emergency A		8/31/25	'Full Time Paid Employee'
Samuel	Anthony	Talamantes		P542775	'EMS Technic Emergency A		2/28/26	'Part Time Paid Employee'
Amy		Taylor		P535762	'EMS Technic Emergency A		7/31/25	'Full Time Paid Employee'
Robin		Thompson		P029966	'EMS Technic Paramedic		3/31/25	'Full Time Paid Employee'
David		Turpin		P541398	'EMS Technic Emergency A		8/31/25	'Full Time Paid Employee'
Andrew	Maximilian	Vuncanon		P502034	'EMS Technic Emergency A		9/30/22	'Full Time Paid Employee'
Philip	James	Waldrop		P541388	'EMS Technic Emergency A		8/31/25	'Full Time Paid Employee'

'Full Time Paid Employee' 'Full Time Paid Employee'

'Full Time Paid Employee' 'Full Time Paid Employee'

First Name	Middle Nam.	Last Name	Suffix	State Office	Job Title(s)	Certification	Exp Date	Employment Status
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William	S	Chappell		P108194	'EMS Technic Emergency A		7/31/24	'Part Time Paid Employee'
Robert	Sterling	Clayton		P080797	'EMS Technic Emergency A		2/28/25	'Full Time Paid Employee'
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Karla	Gessel	Solorzano		P535956	'EMS Technic Emergency A		6/30/25	'Full Time Paid Employee'
Alec	Daniel	Styer		P540847	'EMS Technic Emergency A		8/31/25	'Full Time Paid Employee'
Samuel	Anthony	Talamantes		P542775	'EMS Technic Emergency A		2/28/26	'Part Time Paid Employee'
Amy		Taylor		P535762	'EMS Technic Emergency A		7/31/25	'Full Time Paid Employee'
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Philip	James	Waldrop		P541388	'EMS Technic Emergency A		8/31/25	'Full Time Paid Employee'



NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

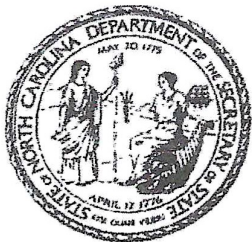
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF INCORPORATION

OF

PROVIDENCE TRANSPORTATION INC.

the original of which was filed in this office on the 12th day of April, 2013.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of April, 2013.

Elaine F. Marshall

Secretary of State

State of North Carolina

Office of Emergency
Medical Services



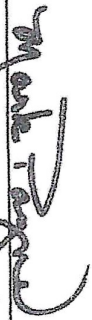
Medical Care
Commission

Department of Health and Human Services
Division of Health Service Regulation

Having met the requirements of North Carolina General Statute 131E-155.1 and the rules of the
North Carolina Medical Care Commission for the licensing of EMS Agencies.

Providence Transportation Inc

is hereby issued an EMS Agency License
This License, Number 3028, expires the last day of March, 2026


Division of Health Service Regulation




Office of Emergency Medical Services

