

**NORTH CAROLINA
DURHAM COUNTY**

Certification of Application for Ambulance Franchise

Now comes the Durham County Office of Emergency Services - EMS, by and through the undersigned, to certify the contents of this Certification of Application.

EMS agrees that at all times the processing of an Application for Ambulance Franchise shall be done pursuant to all applicable Durham County ordinances, including Chapter 12, Article II, Sections 12-26 and following.

EMS has received a sworn Application for franchise from: **Midwest Medical Transport d/b/a North State Medical Transport**

EMS has reviewed and analyzed the Application against the requirements of Durham County Ordinance as follows:

Sec. 12-52. Application.

- (a) *Filing applications.* All persons applying to the board of commissioners for franchise for the operation of one or more ambulances shall file with the clerk of the board and Director of Emergency Medical Services a sworn application therefor, stating as follows:
- (1) Name and address of the owner, and if the owner is a corporation, a certified copy of the articles of incorporation.
 - (2) The number of vehicles actually owned and the number of vehicles actually operated by such owner on the date of such application, if any.
 - (3) Certificates of insurance currently in force issued by an insurance company licensed to provide insurance in the State of North Carolina as required by section 12-29 of this chapter.
 - (4) Whether there are any unsatisfied judgments of record against such owner, and if so, the title of all actions and the amount of all judgments unsatisfied.
 - (5) The make, type, year of manufacture, serial number and equipment therein for each ambulance owned or operated or proposed to be operated by the applicant for a franchise.
 - (6) Court record, if any, of the applicant; provided, that if applicant is a corporation, the court record, if any, of the officers, directors, and supervising employees thereof, including general manager or director.
 - (7) Whether there are any liens, mortgages or other encumbrances on such ambulances, and if so, the amount and character thereof.
 - (8) Training, credentials and experience of the applicant, its agents and employees related to operation of non-emergency ambulance services and patients care.

- (9) A description of each ambulance owned or operated by the applicant, including chassis manufacturer, ambulance maker, year of manufacture, vehicle identification number, and NCOEMS permit number, if already permitted. A franchise may not be granted to applicant who owns/leases no ambulance vehicles.
- (10) A description of the applicant's capability to provide non-emergency ambulance services on a 24-hour per day, seven-day per week basis.
- (11) An official criminal record of the applicant if a sole proprietorship, of any partners if the applicant is a partnership, or any officers, directors, or managers of the applicant if a corporation or other business entity.
- (12) A statement that the applicant will not discriminate as to any person with regard to race, color, creed, national origin, or gender.
- (13) An audited financial statement, in such form and detail as the county may require.
- (14) A release authorizing the director of emergency medical services to investigate all information submitted in support of the application.
- (15) Such other information as the board may in its discretion require.

Reviewed by:

Durham County Risk Management

(Signature) Signed by: Ryan Wilson
C3F60746E2E543D...
Printed Name Ryan Wilson

Having reviewed the attached Application for completeness and compliance with Durham County Ordinance Chapter 12, Article 2, and having caused such investigation as I considered necessary, I have determined that the Applicant meets the requirements for the award of a franchise under Durham County Ordinance Chapter 12. I recommend that the Board grant the Application for Franchise, subject to the Board's discretion upon conducting a Public Hearing.

By (Signature): DocuSigned by: Mark Lockhart
F754DAD23B1F49C...

Director of Medical Emergency Services (Print name): Mark Lockhart

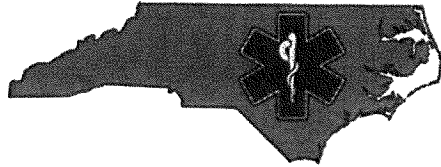
Date of Signature: 11/25/2025 | 10:36 AM EST

ATTACHMENTS to follow

Durham County Franchise Application

An MMT Ambulance Company

NORTH STATE



MEDICAL TRANSPORT

Medicine in Motion®



This application is required pursuant to the Durham County Ambulance Ordinance and should be completed by the person, partnership, association, corporation or other organization owning, operating, or proposing to operate and ambulance within Durham County.

1) Name and Address of Applicant as listed with the Secretary of State's Office (if applicable, please also list d/b/a):

*Midwest Medical Transport LLC Company d/b/a North State Medical Transport
1240 Corporation Pkwy. Raleigh, NC 27610*

*Midwest Medical Transport LLC ("MMT") Company's principal office is located at 2470
32nd Ave. Columbus, NE 68061.*

(Articles of Incorporation attached in exhibits)

2) A. List of ambulances used to operate in Durham County

See complete vehicle list from continuum

VIN	Model Year	Unit Name	Permit
1FDBW2XG8MKA39656	2021	04-22	NC005631
1FDWE3FS0GDC27578	2016	04-16	NC005689
1FDWE3FS0JDC23229	2018	03-19	NC007485
1FDWE3FS7KDC66368	2019	12-21	NC007484
1FDWE3FS9KDC43139	2019	11-19	NC004641
1FDXE4FN4MDC20889	2021	03-21	NC005739

VIN	Model Year	Unit Name	Permit
1FDWE3FN0SDD27988	2025	2040	NC004931
1FDWE3FN2RDD27078	2023	1980	NC007408
1FDWE3FN3TDD02536	2026	2056	NC007585
1FDWE3FN5SDD25010	2024	1986	NC007406
1FDWE3FN5SDD38405	2025	2043	NC004935
1FDWE3FN7TDD02538	2025	2059	NC004934
1FDWE3FN8SDD25003	2024	2012	NC007671
1FDWE3FN9SDD24844	2025	2016	NC004933
1FDWE3FNXSDD24922	2024	1988	NC007407
1FDYR2CM0HKA8768	2017	11-17	NC004932
1FDYR2CM2KKA63087	2019	07-19	NC004580
1FDYR2CM3HKB16078	2017	02-18	NC003822
1FDYR2CM5HKA57311	2017	05-17	NC003842
1FDYR2CM5HKA62962	2017	04-17	NC004567

Vehicles

1FDWE3FN5SDD25010	2024	1986	NC007406
1FDWE3FN5SDD38405	2025	2043	NC004935
1FDWE3FN7TDD02538	2025	2059	NC004934
1FDWE3FN8SDD25003	2024	2012	NC007671
1FDWE3FN9SDD24844	2025	2016	NC004933
1FDWE3FNXSDD24922	2024	1988	NC007407
1FDYR2CM0HKA8768	2017	11-17	NC004932
1FDYR2CM2KKA63087	2019	07-19	NC004580
1FDYR2CM3HKB16078	2017	02-18	NC003822
1FDYR2CM5HKA57311	2017	05-17	NC003842
1FDYR2CM5HKA62962	2017	04-17	NC004567
1FDYR2CM7JKA57977	2018	08-18	NC005816
1FDYR2CM8KKA63093	2019	06-19	NC004581

VIN	Model Year	Unit Name	Permit
1FDBW2XV8GKA58419	2016	1749	NC006775
WDAPE7CD1GP228441	2016	1755	NC006617

B. Description of the Applicants capability to provide non-emergency ambulance services in Durham County on a 24-hour per day, 7 day per week basis (number and level of vehicles to be staffed and available for service).

Our ability to continue to provide high-quality care, at every hour, is our number one priority. With approximately 85 qualified personnel on staff (all NC-certified EMTs and Paramedics), and 16 well-maintained ambulance units, we can facilitate the needs of our service area, including Durham County.

In addition, our multiple office locations in central NC helps us respond to critical non-emergent missions within minutes of dispatch. All team members are experienced in both ambulance operations and patient care, so we can deliver a superior patient care experience. We offer in-house continuing education, as well as secondary online resources, to provide constant improvement in our skills and services, to be able to deliver the level of care deserved by the community of Durham County.

C. Training, credentials and experience of the applicant, its agents and employees related to operation of non-emergency ambulance services and patients care.

On March 4, 2025, MMT purchased substantially all of NSMT, Inc.'s assets (the "Transaction"). This asset purchase enabled MMT d/b/a North State Medical Transport to begin providing ambulance services in Durham County, as well as other in other municipalities in the state. MMT was founded almost 40 years ago in Columbus, Nebraska as a single basic life support ambulance company. Today, we do business in dozens of states and make approximately half a million ambulance transports annually.

Our services in Durham County are operated by an experienced, empowered team that has the full support of our national infrastructure, which optimizes our ability to respond nimbly and efficiently to challenges. Our team of more than 2,800+ dedicated emergency medicine professionals is committed to providing optimal care to each patient and exceptional service to the health system partners within our communities.

MMT primarily focuses on providing services to large health systems and their integrated delivery networks (rather than providing ambulance transports in response to 911 emergency calls). We partner with health systems to build integrated ambulance transportation systems that improve throughput and deliver exceptional patient care by utilizing the best people, processes and cutting-edge technology.

D. List of all unsatisfied judgments of record against the Applicant. Please list the title of the action and give the amount of all judgements unsatisfied. If none, please state "none".

None

E. List of all liens, mortgages or other encumbrances on ambulances to be used by the Applicant. If none, please state "none".

None

F. Criminal court records, if any, of the Applicant. If a corporation, attach the criminal court record, if any, of the officers, directors, and supervising employees, including general managers or directors. These attachments shall be marked as Appendix B. If none of the officers, directors, and supervising employees, including general managers or directors has a criminal record, state so here. If none, please state "none":

None

G. Evidence that Applicant has liability and property insurance active with an insurance company licensed to conduct business in this state or a bond with a personal or corporate surety in at least the following amounts – if different, please list the per occurrence and aggregate amounts.

Comprehensive Certificate of Insurance (COI) attached in exhibits at end of application.

H. Attach an audited financial statement for the Applicant (individual, partnership, or corporation) for the last three calendar or fiscal years of operation. In lieu of an audited financial statement, a financial compilation covering two fiscal years AND the federal tax return from the most recent tax year may be submitted. Attach all statements and returns and Label as Exhibit B.

Financial statements/compilation can be found in exhibits at end of application.

3) Does the Applicant agree to not discriminate as to any person with regard to their age, race, sex, national origin or ancestry, martial or familial status, pregnancy, military status, religious belief or non-belief, disability, or any other protected category under local, state, or federal law?

Yes

4) Does the Applicant agree that all vehicles used as ambulances shall conform to the specifications and requirements adopted by the North Carolina Department of Health and Human Services, Division of Health Regulation, Office Emergency Medical Services?

Yes

5) Does the Applicant agree that all emergency medical personnel employed to provide ambulance service in Durham County shall hold current EMS credentials at the appropriate levels from the North Carolina Department of Health and Human Services, Division of Health Regulation, Office Emergency Medical Services?

Yes

6) Does the Applicant authorize the Chief Paramedic of Durham County Emergency Medical Service or his/her designee to investigate and verify the veracity of any and all information submitted in support of this application?

Yes

7) Does the Applicant agree to submit regular and periodic reports as may be required by the Chief Paramedic of Durham County Emergency Medical Services?

Yes

8) Does the Applicant agree and acknowledge that it will be under the direction and oversight of the Durham County Medical Director, or that said oversight will be delegated to Applicant's Medical Director subject to the qualifications and requirements of North Carolina law as shown below?

Yes

Applicable North Carolina law as stated in 10A NCAC 13P .0403(b):

10 NCAC 13P .0403(b): Any tasks related to Paragraph (a) of this Rule may be completed, through the Medical Director's written delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, EMDs, or paramedics. The EMS System Medical Director may delegate physician medical oversight for a licensed EMS provider at the EMT level of service that does not back up the emergency 911 EMS System. Any decision delegating medical oversight for a licensed provider shall comply with the EMS System franchise requirements in Rule .0204 of this Subchapter. Medical oversight delegated for a licensed EMS provider shall meet the following requirements:

(1) a medical director for adult and pediatric patients. The medical director and assistant medical directors shall meet the criteria defined in "The North Carolina College of Emergency Physicians: Standards for Medical Oversight and Collection;"

(2) treatment protocols must be adopted in their original form from the standard adult and pediatric treatment protocols as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;" and

(3) establish an agency peer review committee that meets quarterly. The agency peer review committee minutes shall be reported to the EMS System peer review committee.

Please provide the name and NC Medical License number of Applicant's desired Medical Director if Applicant has its own: *Dr. John Wooten 2021-03331*

9) Does the Applicant agree that all patient care reports generated during the course of the Applicant's service in Durham County shall be submitted to the North Carolina Department of Health and Human Services, Division of Health Regulation, Office Emergency Medical Services in a timely manner and in such format as is required by the Office of EMS?

Yes

10) Does the Applicant agree to provide timely notification to the Director of Emergency Medical Services of any and all changes regarding the Applicant's corporate status, licensure, insurance, criminal convictions, and other changes to questions answered on this application?

Yes

Attachments List

- **NCOEMS Issued Agency License**
- **Assumed Business Name Certificate**
- **Articles of Incorporation**
- **Financial Statements/Compilation**
- **Certificate of Insurance**

I, Stone White hereby swear (affirm) that the information and responses given above and attached are true and accurate on this 11th day of November, 2025.

Stone White

Print Applicant Name



Applicant Signature

Operations Manager

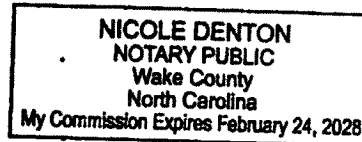
Title

Sworn to and subscribed before me this 25th day of November, 2025.

Notary Public:



My Commission Expires: 2-24-2028





**CERTIFICATE OF ORGANIZATION
OF
MIDWEST MEDICAL TRANSPORT COMPANY, LLC**

**ARTICLE 1
NAME**

The name of this limited liability company is Midwest Medical Transport Company, LLC (the "Company").

**ARTICLE 2
CONVERSION**

The company was converted from Midwest Medical Transport Co., a Nebraska corporation. The conversion was approved as required by Section 21-20,195 of the Nebraska Business Corporation Act and the Nebraska Uniform Limited Liability Company Act.

**ARTICLE 3
DESIGNATED OFFICE**

The Company's designated office in Nebraska is 2155 33rd Avenue, Columbus, NE 68601.

**ARTICLE 4
REGISTERED AGENT**

The name of the registered agent of the Company is Koley Jessen, P.C., L.L.O., whose mailing address is 1125 S. 103rd Street, Suite 800, Omaha, Nebraska 68124.

**ARTICLE 5
EFFECTIVE DATE**

This Certificate of Organization shall be effective as of 12:01 a.m. Central Standard Time on the 24th day of February, 2015, immediately upon the conversion described in Article 2 above.

IN WITNESS WHEREOF, this Certificate of Organization has been executed by the undersigned, in duplicate, effective as of 12:01 a.m. Central Standard Time on the 24th day of February 2015.



Stephen J. George, Vice President



**STATE OF NEBRASKA
ARTICLES OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 21-20,196 OF THE NEBRASKA BUSINESS CORPORATION ACT**

1. Midwest Medical Transport Co., a Nebraska corporation, has been converted into a Nebraska limited liability company.
2. The jurisdiction immediately prior to filing this Certificate is Nebraska.
3. The name of the limited liability company as set forth in the Certificate of Organization is Midwest Medical Transport Company, LLC. The jurisdiction of its governing statute is Nebraska.
4. The effective date and time of the conversion is February 24, 2015, at 12:01 a.m. Central Standard Time.
5. The conversion was approved as required by Section 21-20,195 of the Nebraska Business Corporation Act and the Nebraska Uniform Limited Liability Company Act.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 23rd day of February, 2015.



Stephen J. George, Vice President



**ARTICLES OF INCORPORATION
OF
MIDWEST MEDICAL TRANSPORT CO.**

The undersigned acting as the incorporator of a corporation under the Nebraska Business Corporation Act, adopts the following Articles of Incorporation for such corporation:

ARTICLE I

The name of the corporation shall be **MIDWEST MEDICAL TRANSPORT CO.**

ARTICLE II

The aggregate number of shares which this corporation shall have authority to issue is 1000 shares, having a par value of \$10.00 each, all of which shall be common stock.

ARTICLE III

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation in the manner now and hereafter permitted by law, and all rights conferred upon shareholders herein are granted subject to this reservation.

ARTICLE IV

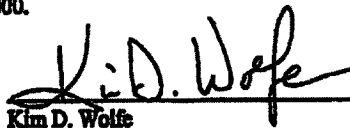
The address of the corporation's initial registered office is 2155 33d Ave., Columbus, Nebraska 68601 and the name of the initial registered agent at such address is Kim D. Wolfe.

ARTICLE V

The name and street address of the incorporator is as follows:

Kim D. Wolfe
2155 33d Ave
Columbus, NE 68601

DATED this 21st day of February, 2000.



Kim D. Wolfe

ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

1. The assumed business name is:
North State Medical Transport

(You may include no more than five (5) assumed business names on this form.)

2. The real name of the person or entity engaging in business under the assumed business name is:
Midwest Medical Transport Company, LLC; NC# 2318919

(Corporations, LLC's, limited partnerships must provide the exact name registered with the NC Secretary of State's office and the SOSID number assigned at the time of formation. Go to www.sosnc.gov/br/search to look up your information.)

3. The nature/type of the business is: Medical Transport

4. The street address of the principal place of business is: (PO Boxes are not acceptable)
2470 32nd Avenue, Columbus, NE 68601

5. The mailing address, if different from the street address, is:

6. The counties where the assumed business name will be used to engage in business are:
☒ All 100 North Carolina counties

This certificate is signed by the owner/legal representative of the person or entity named above,
this 5th day of March, 2025.

Signed by:
Signature: Brian Lohrding
623F03A7DD9D4C8...

Printed/Typed Name: Brian Lohrding

Title: Chief Financial Officer

(See instructions for who must sign for various business entity types.)
submitted electronically by "NC Corporate Connection, Inc."
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Wake County Register of Deeds.

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.

Midwest Medical Transport dba MMT Ambulance

is hereby issued an EMS Agency License

This License, Number 3051, expires the last day of September 2029

Mark Payne

Division of Health Service Regulation



[Signature]

Office of Emergency Medical Services

MIDWEMED6

ACORD™**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/04/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 2021 Spring Road, Suite 100 Oak Brook, IL 60523 312 442-7200		CONTACT NAME: Carol Ronzani, CPCU PHONE (A/C, No, Ext): 630 625-5260 FAX (A/C, No): 610 537-2457 E-MAIL ADDRESS: carol.ronzani@usi.com	
INSURED MMT Holdings LLC Midwest Medical Transport Company, LLC P.O. Box 8610 Omaha, NE 68108-0610		INSURER(S) AFFORDING COVERAGE INSURER A: Coverys Specialty Insurance Company	NAIC # 15686 A
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			005NE000044405	06/01/2024	06/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED' <input checked="" type="checkbox"/> RETENTION \$0			005NE000044405	06/01/2024	06/01/2025	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Medical Prof Liab			005NE000044405	06/01/2024	06/01/2025	1,000,000 Each Claim 3,000,000 Aggregate

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

Named Insured includes: MMT Holdings LLC; Midwest Medical Transport Company, LLC; Midwest Medivan Transport Company, LLC; Midwest Medical Management Holdings, LLC; Midwest Medical Group LLC; DBA Fraser Transportation Services LLC; DBA Southeast Iowa Ambulance Service; DBA APS Ambulance; DBA Midwest Medtech Transport; DBA Med Tech Ambulance; DBA MMT Ambulance; Midwest Medical Transport, LLC DBA Med-Tech Ambulance Service; Midwest Medical Transport d/b/a North State Medical Transport.
(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Vance County EMS 122 Young Street, Suite B Henderson, NC 27536	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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Vehicles

VIN	Model Year	Unit Name	Permit	Expiration	Permit Type	Level	Status
1FDWE3FN0SDD27988	2025	2040	NC004931	09/30/2027	Permanent	Paramedic	In Service
1FDWE3FN2RDD27078	2023	1980	NC007408	05/31/2027	Permanent	Paramedic	In Service
1FDWE3FN3TDD02536	2026	2056	NC007585	09/30/2027	Permanent	Paramedic	In Service
1FDWE3FN5SDD25010	2024	1986	NC007406	05/31/2027	Permanent	Paramedic	In Service
1FDWE3FN5SDD38405	2025	2043	NC004935	11/30/2027	Permanent	Paramedic	In Service
1FDWE3FN7TDD02538	2025	2059	NC004934	11/30/2027	Permanent	Paramedic	In Service
1FDWE3FN8SDD25003	2024	2012	NC007671	11/30/2027	Permanent	Paramedic	In Service
1FDWE3FN9SDD24844	2025	2016	NC004933	11/30/2027	Permanent	Paramedic	In Service
1FDWE3FNX5DD24922	2024	1988	NC007407	05/31/2027	Permanent	Paramedic	In Service
1FDYR2CM0HKA8768	2017	11-17	NC004932	11/30/2027	Permanent	EMT	In Service
1FDYR2CM2KKA63087	2019	07-19	NC004580	07/31/2027	Permanent	EMT	In Service
1FDYR2CM3HKB16078	2017	02-18	NC003822	02/28/2026	Permanent	EMT	In Service
1FDYR2CM5HKA57311	2017	05-17	NC003842	05/31/2027	Permanent	EMT	In Service
1FDYR2CM5HKA62962	2017	04-17	NC004567	05/31/2027	Permanent	EMT	In Service
1FDYR2CM7JKA57977	2018	08-18	NC005816	09/30/2026	Permanent	EMT	In Service
1FDYR2CM8KKA63093	2019	06-19	NC004581	07/31/2027	Permanent	EMT	In Service

First Name	Last Name	Cert Level
Lilian	Abel	EMT
Gabriella	Adee	EMT
Chelsea	Akabueze	EMT
Keonte	Alston	EMT
Anna	Anderson	Paramedic
Christopher	Aquino	EMT
Christopher	Ashley	EMT
Tharan	Ball	EMT
Emma	Bao	EMT
Courtney	Barfield	Paramedic
Necie	Barnett	EMT
Nathan	Baudoux	EMT
Kimberlyn	Beard	EMT
Ian	Beaty	AEMT
Tamika	Bellamy	EMT
Jaimilyn	Boening	EMT
Emily	Broadway	EMT
Anthony	Brown	Paramedic
Brian	Brown	EMT
Conor	Brown	EMT
Geoffrey	Brown	Paramedic
Jacob	Bryant	Paramedic
Susan	Buchanan	Paramedic
Destiny	Burgess	EMT
Dianna	Byrd	EMT
Casey	Carpenter	Paramedic
Araceli	Carrasco-Cruz	EMT
Sarah	Carrigan	AEMT
Abigail	Carter	Paramedic
Kendall	Castle	EMT
Kolby	Caudle	EMT
Alejandra	Ceballos Encarnacion	Paramedic
Ashlyn	Chadwick	EMT
Anna	Chen	EMT
Michael	Chiaramonte	Paramedic
Andy	Chou	EMT
Caleb	Cook	EMT
Steven	Cook	Paramedic
Chase	Crihfield	EMT
Mason	Dancause	EMT

Michaela	Day	EMT
William Michael	Doherty Jr	Paramedic
Olivia	Doherty	Paramedic
Sue	Doherty	AEMT
William	Doherty	EMT
Katie	Dong	EMT
Amanda	Douglas	EMT
Alan	Duncan	Paramedic
John	Duncan	EMT
Isaac	Elks	EMT
Nadia	Enoch	EMT
Ryan	Esmailian	EMT
Michaela	Evans	EMT
Emma	Fowler	EMT
Brisa	Garcia-Casares	EMT
Bernardo	Gelabert	EMT
Whitney	Glover Wilcox	Paramedic
Nathan	Gomez	EMT
Jessenia	Granados Villalva	Paramedic
Savannah	Greene	EMT
Christopher	Gregory	AEMT
Lauryn	Gregory	EMT
Dariya	Grokhlova	EMT
Toni	Grove	Paramedic
Stewart	Hardee	EMT
Autumn	Harris	Paramedic
Bailey	Hartzell	EMT
Cassie	Hauenstein	AEMT
Mackenzie	Heleine	EMT
Elaney	Helton	EMT
Bradley	Henderson	Paramedic
Michael	Herrholz	EMT
Jaiden	Hilliard	EMT
Kyle	Hodge	EMT
Carson	Holloman	Paramedic
Brandon	Howard	EMT
Michael	Hurt	Paramedic
Megan	Hux	EMT
Brittany	Jackson Farrier	EMT
Tyler	Jackson	Paramedic
Jordan	Jones	EMT

Tristan	Keith	EMT
Alexander	Lang	Paramedic
Kaitlyn	Lewis	EMT
Bryanna	Luihn	EMT
Kevin	Maddox	EMT
Patrick	Massey	EMT
James	McCall	Paramedic
Ciaran	McElhennon	Paramedic
Christopher	McFarland	EMT
Ian	McNish	EMT
Benjamin	Meier	Paramedic
Kaitlyn	Messer	EMT
Courtney	Miller	EMT
Joshua	Miller	EMT
Leaton	Mitchell	EMT
Paul	Newton	Paramedic
Adetomi	Oderinde	EMT
Virginia	Ollison	EMT
Edward	Orrell	Paramedic
Evan	Owen	EMT
Ruben	Ramirez	Paramedic
Heather	Rodgers	EMT
Hayley	Sanderlin	Paramedic
Sonika	Sankar	EMT
Emily	Sawyer	AEMT
Evelyn	Smith	EMT
Ryan	Song	EMT
Elisha	Spears	EMT
Gabriel	Stafford	EMT
Cameron	Stallings	Paramedic
Elyza	Stone	EMT
William	Stroup	AEMT
Benjamin	Tim	AEMT
Jessica	Todd-Marrone	EMT
Hannah	Toole	Paramedic
Nicholas	Tyrey	EMT
Kathryn	Vanderweide	Paramedic
Marcos	Vaquiz-Hernandez	EMT
Avery	Walston	EMT
Christina	Ward	Paramedic
Emily	Watson	EMT

Kenneth	White	Paramedic
Caleb	Wilgen	EMT
Gregory	Williams	Paramedic
Jaylyn	Williams	EMT
Natalie	Williams	Paramedic
Roy	Williams	Paramedic
Nathan	Woodward	Paramedic
Cynthia	Wright	Paramedic
Stephen	Yakaboski	EMT
Andrea	Zani	EMT
Krystal	Ziegler	Paramedic