

LEE COUNTY, FLORIDA
PROPOSAL BID FORM
FOR:
DELIVERY SERVICES FOR THE LEE COUNTY LIBRARY SYSTEM

DATE SUBMITTED: February 6, 2013
VENDOR NAME: GSV Enterprises Inc. DBA CPR Courier
DBA CPR Carrier

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

NOTE REQUIREMENT: IT IS THE SOLE RESPONSIBILITY OF THE VENDOR TO CHECK LEE COUNTY PROCUREMENT MANAGEMENT WEB SITE FOR ANY PROJECT ADDENDA ISSUED FOR THIS PROJECT. THE COUNTY WILL POST ADDENDA TO THIS WEB PAGE, BUT WILL NOT NOTIFY.

The undersigned acknowledges receipt of Addenda numbers: Addendum One & Addendum Two

CURRENT ROUTES (2): \$ 9750⁰⁰ COST PER MONTH FOR BOTH ROUTES X 12 =
\$ 117,000⁰⁰ ANNUAL COST
(BASIS OF AWARD)

OPTION 1: Cost to Add or Delete a day of service for the following locations:

LIBRARY ADMINISTRATION	\$	<u>21⁰⁰</u>	PER DAY
BONITA SPRINGS LIBRARY	\$	<u>21⁰⁰</u>	PER DAY
CAPE CORAL LIBRARY	\$	<u>21⁰⁰</u>	PER DAY
CAPTIVA LIBRARY	\$	<u>21⁰⁰</u>	PER DAY
DUNBAR LIBRARY	\$	<u>21⁰⁰</u>	PER DAY
EAST COUNTRY REGIONAL LIBRARY	\$	<u>21⁰⁰</u>	PER DAY
FORT MYERS LIBRARY	\$	<u>21⁰⁰</u>	PER DAY
LAKES REGINAL LIBRARY	\$	<u>21⁰⁰</u>	PER DAY
LIBRARY PROCESSING	\$	<u>21⁰⁰</u>	PER DAY
NORTH FORT MYERS LIBRARY	\$	<u>21⁰⁰</u>	PER DAY
NORTHWEST REGIONAL LIBRARY	\$	<u>21⁰⁰</u>	PER DAY
PINE ISLAND LIBRARY	\$	<u>21⁰⁰</u>	PER DAY

RIVERDALE LIBRARY	\$ 21. ⁰⁰	PER DAY
SOUTH COUNTY REGIONAL LIBRARY	\$ 21. ⁰⁰	PER DAY
TALKING BOOKS LIBRARY	\$ 21. ⁰⁰	PER DAY
SCHOOL FOUNDATION	\$ 21. ⁰⁰	PER DAY

OPTION 2: Cost to Add Boca Grande Library this contract on three days a week Schedule.

\$ 820.⁰⁰ Cost Per Month

\$ 68.⁰⁰ Cost Per Day to Add or Delete a Day of Service

OPTION 3: SPECIAL TRIPS – Which includes, But is not limited to, the Storage Facility and County Administration

Flat Rate for Special Trip up to 40 items; \$ 64.⁰⁰
 Price for Additional items Over 40; \$ 2.⁵⁰

Will you deliver with your own vehicle as opposed to common carrier?

YES ~~X~~ NO

TO BE (**STARTED**) WITHIN ONE (1) CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Does your firm have a location/office/facility in Lee County?

YES ~~X~~ NO

Address: 1342 Colonial Blvd K-120 Ft. Myers, FL 33907

If yes, then read and complete "Local Vendor Preference" attached in these specifications and return with Bid.

Bidders should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the bid may be grounds to reject the bid.

Are there any modifications to the bid or specifications?

YES _____ NO ~~X~~ _____

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the bidder being declared nonresponsive or to have the award of the bid rescinded by the County.

MODIFICATIONS:

Bidder shall submit his/her bid on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Bidder/Bid being declared non-responsive by the County.



LEE COUNTY
SOUTHWEST FLORIDA
BOARD OF COUNTY COMMISSIONERS

John E. Manning
District One

(239) 533-5450

Cecil L. Pendergrass
District Two

January 25, 2013

Larry Kiker
District Three

Tammy Hall
District Four

SOLICITATION NO.: B-130171

Frank Mann
District Five

SUBJECT: ADDENDUM NUMBER ONE

Doug Meurer
Interim County
Manager

**REFERENCE: DELIVERY SERVICES FOR THE LEE COUNTY LIBRARY
SYSTEM**

Andrea Fraser
Acting County Attorney

Diana M. Parker
County Hearing
Examiner

The following changes shall become a part of the Bid Documents and shall be as binding as if contained therein:

ITEM NO. 1

A request was made at the Pre-Bid for a list of the hours of operation for all Lee County Libraries.

ADDITIONAL INFORMATION Lee County Library Locations and Hours Addendum One January 25, 2013.

BIDDER IS ADVISED, YOU ARE REQUIRED TO ACKNOWLEDGE RECEIPT OF THIS ADDENDUM WHEN SUBMITTING A BID. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN THE BIDDER BEING CONSIDERED NON-RESPONSIVE.

ALL OTHER TERMS AND CONDITIONS OF THE BIDDING DOCUMENTS ARE AND SHALL REMAIN THE SAME.

Robert Franceschini, Director
Lee County Procurement

RECEIVED
J. J. J. J.
1-25-2013

Lee County Library Locations and Hours

Boca Grande

Monday – Friday 9AM – 6PM
Saturday 9AM – 3PM

Bonita Springs

Monday, Wednesday, Thursday 10AM – 6PM
Tuesday 12PM – 8PM
Friday, Saturday 9AM – 5PM

Cape Coral

Monday – Wednesday 9AM – 8PM
Thursday 9AM – 6PM
Friday, Saturday 9AM – 5PM

Captiva

Monday Closed
Tuesday, Thursday 10AM – 6PM
Wednesday 12PM – 8PM
Friday, Saturday 9AM – 5PM

Dunbar-Jupiter Hammon

Monday Closed
Tuesday 12PM – 8PM
Wednesday, Thursday 10AM – 6PM
Friday, Saturday 9AM – 5PM

East County

Monday – Wednesday 9AM – 8PM
Thursday 9AM – 6PM
Friday, Saturday 9AM – 5PM

Fort Myers- Downtown

Monday – Wednesday 9AM – 8PM
Thursday 9AM – 6PM
Friday, Saturday 9AM – 5PM

Lakes Regional

Monday – Wednesday 9AM – 8PM
Thursday 9AM – 6PM
Friday, Saturday 9AM – 5PM

North Fort Myers

Monday, Wednesday, Thursday 10AM – 6PM
Tuesday 12PM – 8PM
Friday, Saturday 9AM – 5PM

Northwest Regional Library

Monday, Wednesday, Thursday 10AM – 6PM
Tuesday 12PM – 8PM
Friday, Saturday 9AM – 5PM

Pine Island

Monday Closed
Tuesday, Thursday 10AM – 6PM
Wednesday 12PM – 8PM
Friday, Saturday 9AM – 5PM

Riverdale

Monday Closed
Tuesday 12PM – 8PM
Wednesday, Thursday 10AM – 6PM
Friday, Saturday 9AM – 5PM

South County Regional

Monday – Wednesday 9AM – 8PM
Thursday 9AM – 6PM
Friday, Saturday 9AM – 5PM

Talking Books Library

Monday, Wednesday, Thursday 10AM – 6PM
Tuesday 12PM – 6PM
Friday 9AM – 5PM
Saturday Closed

Library System Administration

Monday – Friday 9AM – 5PM

RECEIVED
Tutacca
1-25-2013



LEE COUNTY
SOUTHWEST FLORIDA
BOARD OF COUNTY COMMISSIONERS

(239) 533-5450

John E. Manning
District One

January 30, 2013

Cecil L. Pendergrass
District Two

SOLICITATION NO.: B-130171

Larry Kiker
District Three

SUBJECT: ADDENDUM NUMBER TWO

Tammy Hall
District Four

REFERENCE: DELIVERY SERVICES FOR THE LEE COUNTY LIBRARY SYSTEM

Frank Mann
District Five

The following changes shall become a part of the Bid Documents and shall be as binding as if contained therein:

Doug Meurer
Interim County
Manager

ITEM NO. 1

QUESTIONS AND ANSWERS

Q: Option 3 - Average Miles per Special Trips?

A: *The Special Trips listed in the spec mainly refer to County Administration on the 4th Floor 2115 Second Street and another storage facility on Central Ave (address in Spec). These trips will be rare maybe once a year.*

Q: Option 3 - Are Special Trips required on Saturday's?

A: NO

Q: Option 3 - Average number of Special Trips in the last year?

A: NONE

Q: Current Annual cost for delivery services

A: 2011 - \$ 119,862.05

ITEM NO. 2

Exhibit A - Current Delivery Schedule


ADD Exhibit A - Courier Current Delivery Schedule. Addendum No Two January 30, 2013

SUMMARY OF CHANGE:

Exhibit A is missing from the Bid Specifications

BIDDER IS ADVISED, YOU ARE REQUIRED TO ACKNOWLEDGE RECEIPT OF THIS ADDENDUM WHEN SUBMITTING A BID. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN THE BIDDER BEING CONSIDERED NON-RESPONSIVE.

ALL OTHER TERMS AND CONDITIONS OF THE BIDDING DOCUMENTS ARE AND SHALL REMAIN THE SAME.


Robert Franceschini, Director
Lee County Procurement Management

RECEIVED
J. J. Jaccard
1-30-13

EXHIBIT A

COURIER CURRENT DELIVERY SCHEDULE LEE COUNTY LIBRARY SYSTEM

Revised 10/19/2012

MONDAY		TUESDAY - FRIDAY					SATURDAY				
Route A		Route B		Route A		Route B		Route A		Route B	
LP	6:30	LP	6:30	LP	6:30	LP	6:30	LP	7:00	LP	7:00
EC	6:35	AD	7:15	EC	6:35	AD	7:30	EC	7:10	CV	8:30
AD	7:30	FM	7:40	AD	7:30	FM	7:45	FM	8:00	LK	9:20
CC	8:30	SF	7:50	CC	8:00	LK	8:30	BN	8:40	BN	10:30
NW / TB	9:00	LK	8:45	PI	9:00	CV	9:15	SC	9:40	PI	9:30
NF	9:45	BN	9:30	NW / TB	9:30	BN	10:30	LK	10:15	NW / TB	10:15
LP	11:20	SC	10:00	NF	10:15	SC	11:10	CV	11:15	NF	10:45
		LP	11:15	DB	10:45	LP	12:30	LP	12:30	DB	11:15
				RL	11:15					RL	12:00
				LP	11:45					LP	12:30

NOTE: All times are approximate and vary depending on workload, traffic, weather and other factors.

RECEIVED
May 13 2013

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED BIDDER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS BID WITH OTHER BIDDERS AND HAS NOT COLLUDED WITH ANY OTHER BIDDER OR PARTIES TO A BID WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE).

FIRM NAME GSV Enterprises Inc. DBA CPR Courier
BY (Printed): Sinia Yrrteta-Vacca DBA CPR Carrier
BY (Signature): [Signature]
TITLE: President
FEDERAL ID # OR S.S.# 80-0600319
ADDRESS: 1342 Colonial Blvd #K-120
Fort Myers, FL 33907
PHONE NO.: (239) 277-1014
FAX NO.: (239) 936-5285
CELLULAR PHONE/PAGER NO.: (239) 470-4736
DUNS #: 620998539
LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER:
9803338
E-MAIL ADDRESS: info@cprcourier.com
DISADVANTAGED BUSINESS ENTERPRISE (DBE): X Yes No

ATTACHMENT A
LOCAL VENDOR PREFERENCE QUESTIONNAIRE
(LEE COUNTY ORDINANCE NO. 08-26)

Instructions: Please complete either Part A or B whichever is applicable to your firm

**PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN
LEE/COLLIER COUNTY (Only complete Part A if your principal place of business is
located within the boundaries of Lee/Collier County)**

1. What is the physical location of your principal place of business that is located within the boundaries of Lee/Collier County, Florida?

1342 Colonial Blvd. K-120
Fort Myers, FL 33907

2. What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)

(1) 350 sq. feet office facility and (1) 350 sq. feet
storage facility (total 700 sq. feet) plus
parking for all CPR Courier vehicles and
employee vehicles.

**PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN
LEE/COLLIER COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION WITHIN
LEE/COLLIER COUNTY (Please complete this section.)**

1. How many employees are available to service this contract? 5

2. Describe the types, amount and location of equipment you have available to service this contract.

2 Box trucks, 1 full size cargo van
and 1 mini van

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3. Describe the types, amount and location of material stock that you have available to service this contract.

4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive three years?

Yes ☒ No ☐

If yes, please provide your contractual history with Lee County for the past three, consecutive years. Attach additional pages if necessary.

Lee County Public Library 2008-Present
Lee County Health Department 2009-Present
Lee County Tax Collectors' Office 2012-Present



LEE COUNTY
SOUTHWEST FLORIDA

Lee County Ordinance No. 08-26
Local Bidder's Preference

AFFIDAVIT
PRINCIPAL PLACE OF BUSINESS



Principal place of business is located within the boundaries of Lee County.

Company Name: GSV Enterprises Inc. DBA CPR Courier
Vacca 2/6/2013
Signature Date

STATE OF FL
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 6 day of

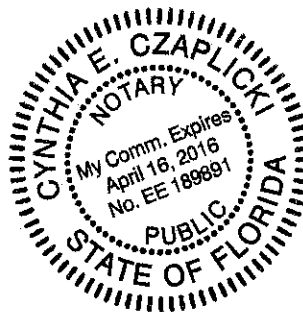
February, 2013, by Sinia Vacca who has produced

(Print or Type Name)
FL DL V200-780-68-539 is identification.
(Type of Identification and Number)

Cynthia E Czaplinski
Notary Public Signature

Cynthia E Czaplinski
Printed Name of Notary Public

EE 189891 4-16-2016
Notary Commission Number/Expiration



The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. **LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**

AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS

SOLICITATION NO.: B-130171 PROJECT NAME: Delivery Service for the Lee County Library System

LEE COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) {SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

LEE COUNTY MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. **SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY LEE COUNTY.**

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Signature: [Signature] Company Name: GSI Enterprises, Inc. DBA CPR Courier
Title: President Date: 2/6/2013

STATE OF FL
COUNTY OF Lee

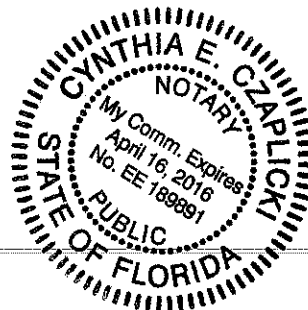
The foregoing instrument was signed and acknowledged before me this 6 day of February 20 13, by Sinia Vadda who has produced

(Print or Type Name)
FLDL V200-798-685B-D as Identification.
(Type of Identification and Number)

[Signature]
Notary Public Signature

Cynthia E Czaplinski
Printed Name of Notary Public

EE 189891 4-16-2016
Notary Commission Number/Expiration



The signee of this Affidavit guarantee, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. **LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**

SCHEDULE D
DISADVANTAGED BUSINESS ENTERPRISE PARTICIPATION

FORM J

NOTE: This form must be signed by the person who will sign, or has signed the SOQ Form. This form will become a part of the contract.

DIVISION OF EQUAL OPPORTUNITY CERTIFIED DBE ☒ MINORITY ☐ WOMEN ☒ (CHECK APPROPRIATE DESIGNATION):

DESCRIPTION OF WORK: Delivery Service for the Lee County Library System

SUBCONTRACTOR'S NAME: Sinia Urreta-Vacca, President CPR Courier
EST. DOLLAR VALUE OF PROPOSED WORK: \$117,000.00 annual cost

DIVISION OF EQUAL OPPORTUNITY CERTIFIED DBE ☐ MINORITY ☐ WOMEN ☐ (CHECK APPROPRIATE DESIGNATION):

DESCRIPTION OF WORK: _____

SUBCONTRACTOR'S NAME: _____
EST. DOLLAR VALUE OF PROPOSED WORK: _____

DIVISION OF EQUAL OPPORTUNITY CERTIFIED DBE ☐ MINORITY ☐ WOMEN ☐ (CHECK APPROPRIATE DESIGNATION):

DESCRIPTION OF WORK: _____

SUBCONTRACTOR'S NAME: _____
EST. DOLLAR VALUE OF PROPOSED WORK: _____

DIVISION OF EQUAL OPPORTUNITY CERTIFIED DBE ☐ MINORITY ☐ WOMEN ☐ (CHECK APPROPRIATE DESIGNATION):

DESCRIPTION OF WORK: _____

SUBCONTRACTOR'S NAME: _____
EST. DOLLAR VALUE OF PROPOSED WORK: _____

TOTAL VALUE OF ALL DBE/MINORITY/WOMEN SUBCONTRACT WORK: \$117,000.00 (annual)

ESTIMATED TOTAL PERCENT (%) TO BE UTILIZED: 100 %

GSV Enterprises Inc.
FIRM NAME
BBA CPR Courier
BBA CPR Carrier


SIGNATURE

2/6/2013
DATE

GSV Enterprises Inc

B-130171



'13FEB 6PM 1:23

P.O. Box 398, Fort Myers, Flori
Internet address [http:](http://)
AN EQUAL OPPORTUNITY AFI

State of Florida

Minority, Women & Florida Veteran Business Certification

ESV Enterprises Inc

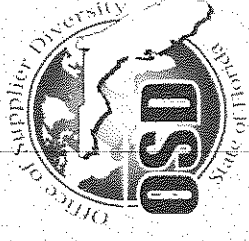
Is certified under the provisions of
287 and 295.187, Florida Statutes for a period from:

07/19/2012

07/19/2014

Craig Nichols

DEPARTMENT OF MANAGEMENT
SERVICES



February 6, 2013

Re: Drug Free Workplace

To Whom It May Concern:

This letter is to inform you that Enterprise HR and all client companies, including CSV Enterprises, Inc. dba CPR Courier (effective 022712), actively participate in a State of Florida Drug Free Workplace Program implemented by Total Compliance Network, Inc. (TCN). Please feel free to contact me if you have any questions regarding this information.

Respectfully,



Tra Rawls
Risk Manager



February 5, 2013

Lee County Government
Procurement Management
1825 Hendry Street
Fort Myers, FL 33901

To Whom It May Concern:

Simply Business D & A Testing, Inc., hereinafter referred to as Simply Business. We are a Third Party Administrator providing Drug Free Workplace Programs and additional drug and alcohol testing and related services.

This letter is being prepared on behalf of our client, GSV Enterprises Inc. DBA CPR Courier. CPR Courier came on board with Simply Business in February 2003.

I would like to add that CPR Courier has always been prompt in paying their bills.

Should you require additional information regarding our services, please feel free to contact us at 239-242-0902, or by emailing us at simplydrugfree@gmail.com.

Sincerely,

DeAnna Slater, President

SIMPLY BUSINESS D & A Testing, Inc.

www.simplydrugfree.com

239-242-0902 PHONE

simplydrugfree@gmail.com EMAIL

239-242-9769 FAX

19455 Cotton Bay

N. Ft. Myers, FL 33917

DeAnna Slater, President

FLORIDA DRUG FREE WORKPLACE CHAIN OF CUSTODY FORM

FLCA FORM 3170-5006 JULY 95



LABCORP Cust. Svc. # 800-444-7997
1120 MAIN STREET
SOUTHAVEN, MS 38671



0349352732

OTS - SOUTHAVEN SPECIMEN ID NO.

0349352732

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

B. MRO Name, Address, Phone and Fax No.

S/S CFC COURIER
1342 COLONIAL BLVD BLDG K
SUITE 120
FORT MYERS
339-277-1014 Fx:

ELEANOR R GILBERT, MD
1430 SOUTH MAIN STREET
SALT LAKE CITY
888-249-4575
FAX: 801-994-9953

UT 84115

09589075

C. Donor SSN or Employee I.D. No.

D. Reason for Test:

☐ Pre-employment

☐ Random

☐ Reasonable Suspicion/Cause

LOCATION:

☐ Post Accident

☐ Return to Duty

☐ Follow-up

☐ Other (specify) _____

E. Drug Tests to be Performed: ☐ All Drugs listed: ☐ THC ☐ Cocaine ☐ AMPH ☐ Opiates ☐ PCP ☐ BARB ☐ BENZO ☐ Methadone ☐ Methaqualone ☐ Propoxyphene ☐ Blood Alcohol

F. Collection Site Address:

73139
LABCORP
5172 MASON CORBIN CT
SUITE 2
FORT MYERS
FL 33907

239-939-5274
Collector
239-939-7136
Collector Fax No.

(X) TESTED 10 PANEL

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? ☐ Yes ☐ No, Enter Remark _____

Specimen Collection:

☐ Split ☐ Single ☐ None Provided (Enter Remark) _____

☐ Observed (Enter Remark) _____

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 4 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification of Copy 4 of this form, that it bears the same specimen identification number as that set forth above and that it has been collected, labeled, sealed, and released as in accordance with the Florida Drug Free Workplace Program as found in section 112.0455, Florida Statutes, and Chapter 59A-24, Florida Administrative Code.

X _____
Signature of Collector
(PRINT) Collector's Name (First, MI, Last)

AM
PM
Time of Collection
Date (Mo/Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

X _____
Signature of Accessioner
(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo/Day/Yr)

Primary Specimen
Bottle Seal Intact

☐ Yes

☐ No, Enter Remark Below _____

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PRIMARY LABORATORY

☐ NEGATIVE ☐ POSITIVE for: ☐ THC ☐ CODEINE ☐ PCP ☐ METHAQUALONE ☐ ADULTERATED ☐ SUBSTITUTED
☐ COCAINE ☐ MORPHINE ☐ BARB ☐ PROPOXYPHENE ☐ DILUTE
☐ AMPH ☐ 6-ACETYLMORPHINE ☐ BENZO ☐ ETHANOL (BLOOD) ☐ INVALID RESULT
☐ METHAMPHETAMINE ☐ METHADONE ☐ REJECTED FOR TESTING

REMARKS _____

TEST LAB (if different from above)

I certify that the specimen identified by the laboratory accession number on this form is the same specimen that bears the specimen identification number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with the Florida Drug Free Workplace Program as found in section 112.0455, Florida Statutes and Chapter 59A-24, Florida Administrative Code requirements, and that the results set forth are for that specimen.

X _____
Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo/Day/Yr)

STEP 5b: SPLIT SPECIMEN TEST RESULTS - (IF TESTED) COMPLETED BY SECONDARY LABORATORY

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____

I certify that the specimen identified by the laboratory accession number on this form is the same specimen identification number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with the Florida Drug Free Workplace Programs found in section 112.0455, Florida Statutes and Chapter 59A-24, Florida Administrative Code requirements, and that the results set forth are for that specimen

X _____
Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo/Day/Yr)

Printed: 10/12

CONTAINER SEAL

OTS - SOU



0349352732

Bottle A
Bottle B (SPLIT)



0349352732

0349352732

A

B
SPLIT

DATE

DONOR'S INITIALS

DATE

DONOR'S INITIALS

NOTE POSITION
OF BARCODE
STARTS AT
BOTTOM OF
CONTAINER /
SHOWN HERE

FLORIDA DRUG FREE WORKPLACE PROGRAM

STATEMENT OF POLICY

C P R CARRIER promotes a Drug Free Workplace in order to ensure the safety and health of our employees, their families, and our clients. We require that employees of C P R CARRIER refrain from the use of drugs and shall not use or be under the influence of alcohol while working and shall not use or be under the influence of medications, while working, that could affect their ability to work safely.

EMPLOYMENT

It is a condition of employment and continued employment that all employees adhere to our Drug Free Workplace Policy

RULES

Substance and/or alcohol abuse will not be tolerated ON the job, this includes the possession, use or sale of drugs and/or alcohol or paraphernalia used in connection with the use of any drug. C P R CARRIER'S Drug Free Workplace Program has been established in accordance with U.S. Federal and Florida's State Law; specifically F.S. Section 440.101 Drug Free Workplaces; F.S. 440.102, Drug Free Program requirements, F.S. 440-09, F.S. 112.0455 Drug Free Workplace Act, Drug Free Workplace Standards Chapter 59A-24 of the Florida Administrative Code, Drug Testing Rule of the Division of Workers' Compensation of the Department of Labor and Employment Security; F.S. Section 287.087, Procurement of Fla, D.O.T. Contractual Services; and F.S. Chapter 893 Drug Abuse Prevention and Control.

DRUGS

Amphetamines	1000 ng/ml	Methadone	300 ng/ml
Benzoyllecogine (Cocaine)	300 ng/ml	Methaqualone	300 ng/ml
Cannabinoids (Marijuana)	50 ng/ml	Propoxyphene	300 ng/ml
Opiates	2000 ng/ml	Barbiturates	300 ng/ml
(Codeine/Morphine)		Benzodiazepines	300 ng/ml
Phencyclidine	25 ng/ml	Ethanol (Alcohol)	0.04 g/dl

TESTING

1. Pre-employment: All applicants whom are being considered for a position with C P R CARRIER are subject to a pre-employment drug test.
2. Reasonable Suspicion / Post Accident testing: Employees who are suspected of using drugs and/or alcohol in violation of our Drug Free Workplace will be tested. The following conditions are a basis to determine reasonable suspicion:
 - a. Direct observation of using or being under the influence of drugs, alcohol or medications while working.
 - b. Tampering with a drug screen test.
 - c. Information of drug and/or alcohol use/abuse by a reliable and credible source that can be independently corroborated by a supervisor, or other designated company official.

- d. Involved in, causing or contributing to an accident. Employees must have a drug and/or alcohol* screen as soon as possible but no later than 32 hours after the accident. *Alcohol testing is conducted only when there is reason to believe that alcohol was a contributing factor. (If an employee is subject to the Department of Transportation (D.O.T.) drug and alcohol testing rules please check those regulations for post-accident testing requirements.)
 - e. Physical symptoms or manifestations of being under the influence of drugs and or alcohol.
 - f. Evidentiary information that an employee has used, possessed, sold, solicited or transferred drugs and/or alcohol while at work.
- 3. Random: Employees may be subject to periodic unannounced drug and/or alcohol testing.
 - 4. Routine Fitness-for-Duty: This test may be conducted as part of a routinely scheduled medical exam that is a part of the company policy if the employee's classification or group require.
 - 5. Follow-up: All employees who test positive and are offered rehabilitation through an employer sponsored Employee Assistance Program will be required to undergo follow-up drug and/or alcohol testing, at the company's expense for a period of 2 years. Employees who voluntarily seek rehabilitation, at the employee's expense, may be subject to periodic testing at the request of the counselor. **C P R CARRIER does not have an employer sponsored Employee Assistance Program at this time. See Employee Assistance Program section on page 3 of this policy .**
 - 6. **REFUSAL TO SUBMIT TO TESTING**
Refusal to submit to a drug and/or alcohol test under this drug testing policy, including tampering or adulteration of the specimen, will be subject to termination. Refusal to submit to a drug and or alcohol test in the case of a job related injury, may result in termination as well as denial of workers' compensation medical and indemnity benefits.

RESPONSIBILITIES/PROCEDURES

MEDICAL REVIEW OFFICER a/k/a MRO. Medical Review Officer's are certified and licensed physicians, M.D. or D.O., to review all laboratory drug testing results. The MRO has extensive knowledge of the drug testing programs and procedures on a state and federal level, which include but are not limited to the knowledge of substance abuse disorders, laboratory procedures, specimen collection procedures, and the usage of chain of custody and control forms. The MRO will contact donors whom test positive and discuss his or her results, to see if there is any medical explanation for the test confirming positive for the drug(s). If there is a verifiable medical explanation then the MRO will report the results to the designated employer representative (DER) a negative result. If there is no verifiable medical explanation the doctor will then inform the donor that the results will be reported to the DER as a positive test. In order for the MRO to determine the final outcome of the drug test result(s) he or she will conduct investigations, which include but are not limited to, placing calls to physicians and pharmacies.

LABORATORY. This is where the specimens, urine and blood, are sent for analysis. Laboratories conducting drug and alcohol testing under Florida and Federal guidelines are required to be licensed and approved by the State of Florida, Agency for Health Care Administration (AHCA) or the Department of Health and Human Services (DHHS).

CONFIDENTIALITY. All information pertaining to drug and/or alcohol tests, which may include interviews conducted, statements made, or documents received, including the drug and alcohol results is confidential. Unless with the written consent of the employee tested, this information may not be used or received in evidence, obtained in discovery, or disclosed in any private or public proceedings, unless the employer or its agents are required to consult with legal counsel in connections with any action that may be brought against them either directly related or indirectly related to this section, when the information is relevant to it's defense in a civil or administrative matter, or compelled by an administrative law judge, a hearing officer, a court of competent jurisdiction or is deemed appropriate by a professional or occupational licensing board in a related disciplinary hearing

EMPLOYEE ASSISTANCE PROGRAM At this time C P R CARRIER does not offer an employer sponsored EAP. You may contact Human Resources at C P R CARRIER regarding further information on Employee Assistance. *Consult the Department of Transportation (D.O.T.) guidelines regarding SAP and EAP requirements. *If applicable.

CHALLENGING A CONFIRMED POSITIVE TEST RESULT The employee has 5 working days, from the receipt of a written confirmed positive test result, from the employer, in which to provide written information explaining or contesting the results. The employer, within 15 days, must respond to the employee as to their finding the information unsatisfactory. If the employee wishes to stand by his or her position they have 30 days, from the receipt of the employers explanation, to file an appeal with a court of competent jurisdiction or where there is a jury involved, to a Judge of Compensation Claims for final disposition. Under a Florida Drug Free Workplace an employee has 180 days to challenge the laboratory results, should you be required to comply with the Department of Transportation requirements your window for a challenge is 72 hours. An employee contesting the laboratory results should notify the laboratory through the company MRO. The employee may have a portion of the original specimen re-tested, at the employees expense, at another AHCA licensed or DHHS laboratory, as chosen by the employee. Specimens being retested will be done through GC/MS confirmation and not subject to cut-off levels. If there is a scientifically detectable presence of the drug(s) or drug(s) metabolite present, the specimen is again confirmed positive. Should the reanalysis fail to confirm the presence of the drug(s) or drug(s) metabolite the test shall report to the MRO as negative.

By signing below, I certify that I have read or have had read to me this Drug Free Workplace Policy and have a full and complete understanding of its contents.

Printed employee Name

Signature of Employee

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/01/2013

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER METRO INSURANCE AGENCY 15200 S TAMiami TRl SUITE 117 FT. MYERS FL 33908		CONTACT NAME: Hanna Sroda PHONE (A/C, No, Ext): 239-466-8600 FAX (A/C, No): 239-275-0865 E-MAIL ADDRESS: hanna@metroinsurancefl.com	
INSURED GSV ENTERPRISES INC (CPR COURIER) 1342 COLONIAL BLVD SUITE K120 Fort Myers FL 33907		INSURER(S) AFFORDING COVERAGE INSURER A: Conifer Insurance Company INSURER B: Progressive INSURER C: Merchants Bonding Company INSURER D: INSURER E: INSURER F:	
		NAIC # 0	

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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	Y	CIGL001464	06/19/2012	06/19/2013	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000					
	MED EXP (Any one person) \$ 5,000					
	PERSONAL & ADV INJURY \$ 1,000,000					
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		01768769-0	08/01/2012	08/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$ 50,000					
	BODILY INJURY (Per accident) \$ 100,000					
	PROPERTY DAMAGE (Per accident) \$ 25,000					
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$
	AGGREGATE \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					WC STATUTORY LIMITS \$
	OTH-ER \$					
	E.L. EACH ACCIDENT \$					
	E.L. DISEASE - EA EMPLOYEE \$					
C	CRIME OR DISHONESTY EMPLOYEES BOND		2721	06/27/2012	06/27/2015	E.L. DISEASE - POLICY LIMIT \$
	LIMIT \$40,000					

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

COURIER SERVICE

Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are additional insureds on the General Liability policy.

CERTIFICATE HOLDER

Lee County Board of County Commissioners
PO Box 398
Fort Myers FL 33902

CANCELLATION

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

Hanna Sroda



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/31/2013

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 be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alliance Insurance Solutions, LLC. c/o TLR of Bonita, Inc 1700 Dr MLK Jr. Street N Suite B St. Petersburg, FL 33704	ID: TLR	CONTACT NAME: Aimee Gray	
		PHONE (A/C, No, Ext): 727-520-7676 x 222	FAX (A/C, No): 727-525-3862
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: SUNZ Insurance Company	
		INSURER B: Aspen Re - London - Best Rating "A"	
		INSURER C: Catlin Syndicate - Lloyds - Best Rating "A"	
		INSURER D: Brit Syndicate - Lloyds - Best Rating "A"	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 15389969 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
						\$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCPE000000108	6/1/2012	6/1/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N				E.L. EACH ACCIDENT \$ 1000000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1000000
						E.L. DISEASE - POLICY LIMIT \$ 1000000
B	Workers Compensation					This is for informational purposes and nothing shall create any right under such reinsurance.
C	Excess Coverage					
D						

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

Coverage provided for all leased employees but not subcontractors of: GSV Enterprises, Inc dba CPR Courier
Client Effective Date: 2/27/2012

CERTIFICATE HOLDER 7027 Lee County Board of County Commissioners PO Box 398 Ft. Myers FL 33902	CANCELLATION 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 Glen J Distefano
---	---

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ACORD 25 (2010/05)

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LEE COUNTY LOCAL BUSINESS TAX RECEIPT 2012 - 2013

ACCOUNT NUMBER: 9803338

ACCOUNT EXPIRES SEPTEMBER 30, 2013

Location

1342 COLONIAL BLVD BLDG K STE 120
FT MYERS FL 33907

C P R CARRIER INC
GSV ENTERPRISES INC
714 ALTAIR AVE
FT MYERS FL 33913

May engage in the business of:
COURIER SERVICE

THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY

THIS IS NOT A BILL - DO NOT PAY

PAID	018462-51-1	08/30/2012 11:04
	DP500	\$50.00



CITY OF FORT MYERS FLORIDA Business Tax Receipt 2012 - 2013



Effective 08/30/2012 For Receipt Year October 1, 2012 through September 30, 2013

1342 COLONIAL BLVD K# 120

**C.P.R. CARRIER INC
Business Tax #: BUS2010-00979**

Is hereby registered* business, profession, or occupation of:

ADMINISTRATOR (BUSINESS ADMINISTRATOR)

ALCOHOL SALES PERMITTED: NO

HOMEBASED: NO

Owner: GSV ENTERPRISES INC, 714 ALTAIR AVE, FT MYERS FL 33913

***Any violation of applicable chapter of the City Code Of Ordinances will cancel and nullify this receipt**



Certificate of Membership

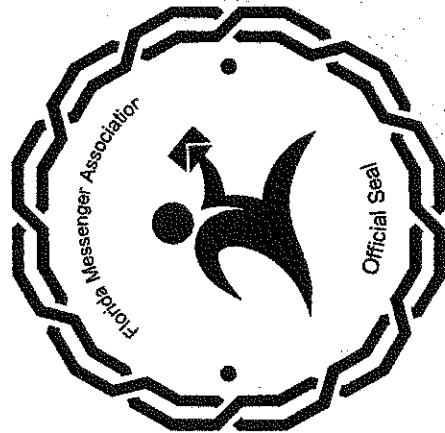
2012

CPR Carrier, Inc.

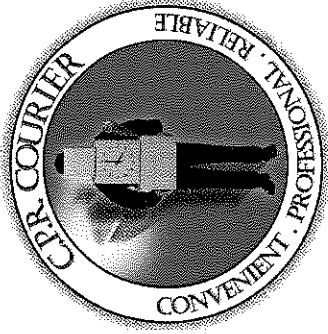
has been duly accepted as a professional member
of the FMA in accordance with the by-laws of the
Association and is entitled to all of the rights and
privileges thereof.

A handwritten signature in black ink, appearing to read "Harold Boyett", is written over a horizontal line.

Harold Boyett, President



Convenient



- Over 20 years Industry Experience
- Serving all of Central & South Florida
- Specializing in Medical, Professional, Commercial & Residential Service
- Live Operator & Service Available 24/7
- Rush, Same Day & Next Day Service
- Online, Phone & Fax Ordering
- Affordable Rate & No Hidden Fees
- Discounted Contract Rates For Scheduled Recurring Service
- Licensed, Bonded & Insured

Professional

Our Company

CPR Courier is a female owned courier & delivery service company with over 20 years' experience. We specialize in same day small package handling for medical, professional, commercial and residential delivery service throughout Central and South Florida.

Member Florida Messenger Association
Member American Business Women Association

Our Couriers

- True Ambassadors that are dedicated, courteous and simply the best!
- Extensive background checks & screenings
- Clean driving records
- HIPPA & OSHA Hazmat Trained & Compliant
- Uniformed and picture identification badges
- Experienced, friendly, trustworthy and mature professionals

Technology

CPR Courier ensures worry-free, expedited service. Thanks to our cutting edge technology, we have access to real time dispatching and proof of delivery via mobile networking. Your order is dispatched within minutes of being received!

Reliable

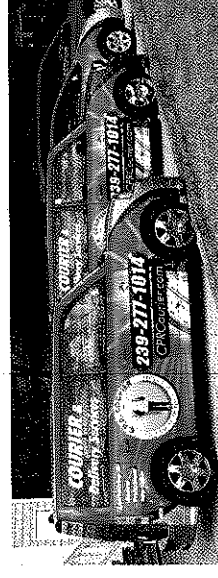
Our Services

Our fleet consists of mid-sized vehicles, cargo vans and pick up trucks. We are capable of carrying everything from small packages to loads of up to 2,000 pounds.

Our promise to you is efficient, professional service that will SAVE YOU TIME & MONEY!

When it MUST be delivered today you can TRUST CPR Courier!

- Medical Specimens
- Pharmaceuticals
- X-Rays, Films & Slides
- Transplant / Donor Organs
- Medical Supplies & Equipment
- Bank Deposits & Transfers
- Interoffice Mail
- Court Filings
- Legal Documents
- Construction & Engineering Specs
- Real Estate Postings
- Blueprints
- Bulk mail
- Mobile Notary Service
- Payroll... and MUCH more!



**CALL US TODAY
(239) 277-1014**

Mission Statement

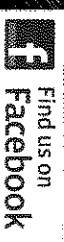
CPR Courier will provide to its' customers and their customers unsurpassed service and a competitively superior experience at every encounter. Esteemed business and personal relationships will be developed through affordable, convenient, professional and reliable courier and delivery services.

CPR
COURIER



(239) 277-1014

info@cprcourier.com
www.cprcourier.com



Find us on
Facebook

"The Courier of Choice by the Professionals!"