April 22, 2021

TO:

Mayor Jerry L. Demings

-AND-

County Commissioners

THRU:

Yolanda G. Martinez, EdPhD., PhD., Director

Health Services Department

FROM:

Christian C. Zuver, M.D., Medical Director

EMS Office of the Medical Director

Contact: (407) 836-7611

SUBJECT:

Paratransit Services License

Owl, Inc. d/b/a 28 Trans

Consent Agenda - May 11, 2021

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Owl, Inc. d/b/a 28 Trans. Owl, Inc. d/b/a 28 Trans has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretcher service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Owl, Inc. d/b/a 28 Trans as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED:

Approval and execution of the renewal Paratransit Services License for Owl, Inc. d/b/a 28 Trans to provide wheelchair/stretcher service. The term of this license is from May 31, 2021 through May 31, 2023. There is no cost to the County. **(EMS Office of the Medical**

Director)

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES: APPLICATION FOR LICENSE

APPLICATION DATE: April 21, 2021

CECTION	I. CENIEDAL	INICODRANTION
SECTION	I: GENERAL	INFORMATION

LII	TION I: GENERAL INFORMATION				
1.	NAME OF SERVICE: OWL,	Inc. d/b/a 28 Trans			
2.	BUSINESS ADDRESS (INCLUDE COUNTY):				
	87 Coles Ct. St. Johns, FL 32259				
	St. Johns County				
3.	CONTACT INFORMATION:	Name: Dr. Laster Walker			
		Business Phone: 904-755-4720			
		Mobile Phone: 386-960-6687			
		Email: Dr.Walker@Owlincgroup.com			
4.	OWNERSHIP TYPE: MEPRIVA	ATE CORPORATION	□OTHER		
	a. If other, please desc	ribe:			
5.	LEVEL OF SERVICE: DWHEE	ELCHAIR STRETCHER BOTH			

SECTION II: VEHICLES AND STAFFING

☑ YES, DATE: 4/21/2021

1. NUMBER OF VEHICLES IN OPERATION: 18

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

 \square NO

2. EMPLOYEE ROSTER:

NAME		CURRENT CPR CARD (Y/N)
	Attached	
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attest the of my kraparatrial paratrial as provides 137, lice omitted	e information provided in this approvided in this approvided in this approvided, and that my service meet ansit services in Orange County and ded in Orange County Code of Ord	
4	21/202/	
DATE:		
NOTARY	SEAL	
NOTARY	SIGNATURE	21



CURRENT CPR

	COMMENT CE
Employee Name	CARD
Bailey, Dora L	YES
Baker, Necole Latavia	YES
Brown, Neville George	YES
Derosin, Jeffry	YES
Dilley, Dennis K	YES
Dixon, Rayshard D.	YES
Fernandes, Santan C	YES
Forestal, Ernst A	YES
Jackson, Tanesha M.	YES
Jean, Marie F	YES
Jordan, Emanuel A.	YES
Krause, Robert D	YES
Mendoza, Yesenia	YES
Orellana, Carlos N.	YES
Ortega Prada, Eliodado	YES
Penson, Wyndell J	YES
Plumlee, Marion A	YES
Powell, Victoria A.	YES
Ratnaswamy, Aji	YES
Schmidt, Marcia N	YES
Tillman, Kottie P.	YES
Torres, Normaliza	YES
Vilas, Jose M.	YES
White, Dametria C.	YES
Williams, Arthur A	YES

