

Interoffice Memorandum

AGENDA ITEM

June 19, 2023

TO: Mayor Jerry L. Demings

-AND-

County Commissioners

THRU: Raul Pino, MD, MPH, Director

Health Services Department

Laglised MD. MPH.

Director Own W FROM: Christian C. Zuver, M.D., Medical Director

EMS Office of the Medical Director

Contact: (407) 836-7611

Paratransit Services License SUBJECT:

Renewal for Rite Way Transportation, LLC

Consent Agenda - July 11, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Rite Way Transportation, LLC. Rite Way Transportation, LLC has submitted the attached renewal 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 Rite Way Transportation, LLC as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit

Services License for Rite Way Transportation, LLC to provide wheelchair/stretcher service. The term of this license shall be from August 1, 2023 and will terminate on July 31, 2025. There is no cost to the County. (EMS Office

of the Medical Director)

CCZ/jj

Attachments

RECEIVE[



RENEWAL PARATRANSIT SERVIDAS: 4/28/23 INITIALS: **APPLICATION FOR LICENSE**

APPLICATION DATE:

<u>SE</u>

СТ	ON I: GENERAL INFORM	<u>ΑΠΟΝ</u>				
1.	NAME OF SERVICE: RITEW	AY TRANSPORTATION LLC				
2.	BUSINESS ADDRESS (INCLUI	DE COUNTY): 11245 TUSCARORA LANE, MINNEOLA, FL 34715 (LAKE COUNTY)				
3.	CONTACT INFORMATION:	Name: RAMSARAN CHARRAN "DANNY"				
		Business Phone: (352)516-8229				
		Mobile Phone: (352) 536-4764				
		Email: RITEWAYTRAN@YAHOO.COM				
4.	OWNERSHIP TYPE: ☑PRIVATE CORPORATION ☐GOVERNMENT AGENCY ☐OTHER					
a. If other, please describe:						
5.	LEVEL OF SERVICE:	ELCHAIR STRETCHER BOTH				
6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:						
	☑ YES, DATE: Expires 02/18	8/2024 □NO				
SECTION II: VEHICLES AND STAFFING						
1. NUMBER OF VEHICLES IN OPERATION: 2015 FORD TRANSIT 250						
2.	EMPLOYEE ROSTER:	2016 FORD TRANSIT 350 (
	NAME	CURRENT CPR CARD (Y/N)				
(CLAUDIA CORREDOR	N				
	FELIX QUINONES	N				
	RAMSARAN CHARRAN	N N				
	REINIER SAMSINGH	IN				
ı	Provided to EMS Office					
ı	, the undersigned representa	tive of the service named in this application, do hereby				

attest the information provided in this application is truthful and honest to the

operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

DATE:

NOTARY SEAL

NOTARY SIGNATURE

2

Notary Public State of Florida

Expires 7/1/2027

Jennifer Jensen
My Commission HH 369870



Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that	Rite Way Transportation,		
nas complied with the Orange County C	ode	and Rules and Regulations	U.S.
stablished by the Board of County Com	unissioners and is authorized	d to operate a Paratransit Service	
Orange County.	DOMESTICATE	5	
ate of Issue: August 1, 2023	Date of Expirati	July 31, 2025	
D-18 (7/14)	A	of County Commissioners	