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

DDJ Transportation, LLC

Consent Agenda - May 11, 2021

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for DDJ Transportation, LLC DDJ Transportation, LLC 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 DDJ Transportation, LLC as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED:

Approval and execution of the renewal Paratransit Services License for DDJ Transportation, LLC to provide wheelchair/stretcher service. The term of this license is from May 1, 2021 through May 1, 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 19, 2021

CHON I: GENERAL INFORMATION						
1.	NAME OF SERVICE: DDJ Transportation, LLC					
2.	BUSINESS ADDRESS (INCLUDE COUNTY):					
	4555 Hoffner Avenue, Orlando, FL 32812 Orange County					
	CONTACT INFORMATION: Name: Roy Asbury					
	Business Phone: 407-885-7433					
	Mobile Phone: 407-285-7635					
	Email: roy@ddjtransportation.com					
3.	OWNERSHIP TYPE: ☑PRIVATE CORPORATION ☐GOVERNMENT AGENCY ☐OTHER					
	a. If other, please describe:					
4.	LEVEL OF SERVICE: □WHEELCHAIR □STRETCHER 图BOTH					
6.	5. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:					

SECTION II: VEHICLES AND STAFFING

区 YES, DATE: 4/19/2021

1. NUMBER OF VEHICLES IN OPERATION: 4

SECTION II: VEHICLES AND STAFFING

NUMBER OF VEHICLES IN OPERATION:



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CURRENT CPR CARD (Y/N)

Roy Asbury	(N)	
Ower wift	(N)	
Jarcon Richard	Ms. (N)	
Steve Duke.	(~)	
mixe meDerr	(M) +1 >>	
Moure Couz	(N)	
mark Lunnin	_ (N)	
•	/	

I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for 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

NOTARY SEAL

Notary Public State of Florida Fatiha Jaayfer My Commission GG 248999

