



Legislation Text

File #: 25-1137, **Version:** 1

Interoffice Memorandum

DATE: August 5, 2025

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: Raul Pino, M.D., MPH, Department Director

FROM: Christian Zuver, M.D., Medical Director

CONTACT: Sandra D. Roe

PHONE: 407-836-7611

DIVISION: EMS, Office of the Medical Director

ACTION REQUESTED:

Approval and execution of the renewal Paratransit Services License for JWFL Transportation, LLC d/b/a DDJ Transportation to provide wheelchair/stretchers service. The term of this license shall be from August 26, 2025 and will terminate on August 25, 2027. There is no cost to the County. (EMS, Office of the Medical Director)

PROJECT: N/A

PURPOSE: The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for JWFL Transportation, LLC d/b/a DDJ Transportation. JWFL Transportation, LLC d/b/a DDJ Transportation has submitted the attached renewal application requesting approval of a Paratransit Services License to provide wheelchair/stretchers service within Orange County. The EMS Office of the Medical Director has determined that all requirements have been met by JWFL Transportation, LLC d/b/a DDJ Transportation as contained in Orange County Ordinance 2001-09. All interested and appropriate persons have been notified of this renewal application.

BUDGET: N/A



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED

DATE: 7/8/2025
INITIALS: [Signature]

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

- 1. **NAME OF SERVICE:** JWFL Transportation DBA DDJ Transportation
- 2. **BUSINESS ADDRESS (INCLUDE COUNTY):** 2281 Lee Road Suite 103
- 3. **CONTACT INFORMATION:** **Name:** Ramon Solano
Business Phone: 407-713-4690
Mobile Phone: _____
Email: manager@ddjtransport.com
- 4. **OWNERSHIP TYPE:** PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
a. If other, please describe: _____
- 5. **LEVEL OF SERVICE:** WHEELCHAIR STRETCHER BOTH
- 6. **PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:**
 YES, DATE: Expires _____ NO

SECTION II: VEHICLES AND STAFFING

- 1. **NUMBER OF VEHICLES IN OPERATION:** 8
- 2. **EMPLOYEE ROSTER:** Attached

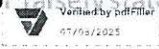
<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
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Provided to EMS Office

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.

Ramon Solano
SIGNATURE OF APPLICANT OR REPRESENTATIVE



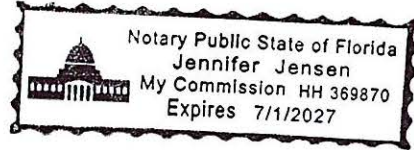
[Handwritten signature]

07/8/25
DATE:

NOTARY SEAL

NOTARY SIGNATURE

[Handwritten signature]
J. Jensen



Driver's license

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that JWFL Transportation, LLC d/b/a DDJ Transportation
has complied with the Orange County Code 2001-09 and Rules and Regulations
established by the Board of County Commissioners and is authorized to operate a Paratransit Service in
Orange County.

Date of Issue: August 26, 2025

Date of Expiration: August 25, 2027

Byron W. Brooks
Mayor, Board of County Commissioners

