



Interoffice Memorandum

AGENDA ITEM

May 3, 2019

TO: Mayor Jerry L. Demings  
-AND-  
Board of 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**

A handwritten signature in black ink, appearing to be "CCZ", written over the printed name of Christian C. Zuver.

SUBJECT: Paratransit Services License  
Specialty Care Transport Inc.  
**Consent Agenda – May 21, 2019**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Specialty Care Transport Inc. Specialty Care Transport Inc. has submitted the attached 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 Specialty Care Transport Inc. as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

**ACTION REQUESTED:** Approval and execution of the Paratransit Services License for Specialty Care Transport Inc. to provide wheelchair/stretchers service. The term of this license is from May 31, 2019 through May 31, 2021. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

APPLICATION DATE: February 12<sup>th</sup>, 2019

PROPOSED DATE OPERATIONS WILL BEGIN: ASAP

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: Specialty Care Transport Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

12632 Bay Breeze Ct  
Clermont FL 34711 Lake County

3. CONTACT INFORMATION: Business Phone 407-877-0367

Mobile Phone 352-988-7824

Email specialtycaretransport@gmail.com

4. OWNERSHIP TYPE:  PRIVATE CORPORATION  GOVERNMENT AGENCY  OTHER

a. If other, please describe: \_\_\_\_\_

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Sherrida Amin</u>	<u>12632 Bay Breeze Ct Clermont FL 34711</u>	<u>President</u>
<u>Javed Husain</u>	<u>12632 Bay Breeze Ct Clermont FL 34711</u>	<u>Vice President</u>

6. LEVEL OF SERVICE:  WHEELCHAIR  STRETCHER  BOTH

7. COMMUNICATIONS EQUIPMENT:  TELEPHONE  TWO-WAY RADIO  OTHER

a. If other, please describe: \_\_\_\_\_

**SECTION II: REQUISITES TO OBTAINING LICENSE**

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: 3/26/2019  NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: \_\_\_\_\_  NO

If not completed at the time of application, payment of fees and vehicle inspection by the EMS Office must be completed prior to commencing operations. Failure to do so may result in revocation of license.

3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

- Verifiable business or work references for 5 years, including one notarized letter of reference
- Five verifiable personal/business references, including two notarized letters of reference
- Five verifiable credit references, including two notarized letters of reference

4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: 2/14/2019  NO

*Example: Current letter from bank verifying business account status (no account numbers please).*

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 3/26/2019  NO

If insurance coverage has not been obtained at the time of application the provider must obtain insurance coverage and provide certificates of insurance coverage to the county prior to commencing operations. Failure to do so may result in revocation of license.

**SECTION III: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 2

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>Sherida Amin</u>	<u>yes</u>
<u>Javed Husain</u>	<u>yes</u>

## ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of one notarized letter of reference from list below is required.

2015-19: Sherida Amin - Specialty Care Transport - president
2015-19: Jared Husain - Specialty Care Transport - vice president
2012-19: Jared Husain - Walgreens - Supervisor
2003-15: Sherida Amin - Wells Fargo Bank - personal Banker

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
✓ Nadira / Munzad Khan	Bica Raton 11101 Mandarin St. FL 33428	561-305-5800
✓ Sulaiman Mahamid	Oriando 12446 Northover Loop. FL 32824	347-200-9510
✓ Tina McCall	Clermont 12625 Bay Breeze Ct. FL 34711	321-229-2356
✓ Carlyn McGowan	Clermont 230 Overlook Dr. FL 34711	352-394-5336
✓ Priah Singh	Winter Garden 403 Regal Downs Cir. FL 34787	321-948-4794

3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
✓ D Singh income Tax Services inc.	Oriando 611 N. Pine Hills Rd. FL 32808	Deoraj Singh 407-445-9335
✓ Wells Fargo Bank	Ocoee 8801 W. Colonial Dr. FL 34761	JT Tomko 407-235-1583
✓ Stryker	Portage 3800 E. Center Ave. MI 49002	Todd Taylor 407-415-6058
✓ Insurance Unlimited	Winter Garden 310 S. Dillard St. Suite 310 FL 34787	Mei Waters 407-656-8515
✓ National Pen Company	Shelbyville 342 Shelbyville Mills Rd. TN 37160	Ana Rose 866-388-9850 ext 3484



**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

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.

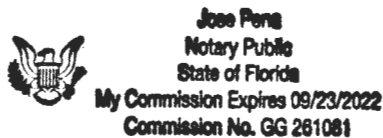
Shehida Amin.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

March 25<sup>th</sup>, 2019

DATE

NOTARY SEAL



Jose Peng

NOTARY SIGNATURE

# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that SPECIALTY CARE TRANSPORT INC.  
has complied with the Orange County Code 2001-9 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: May 31, 2019

Date of Expiration: May 31, 2021

*Byron W. Brooks*  
For Mayor, Board of County Commissioners

