



Interoffice Memorandum

AGENDA ITEM

April 2, 2020

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**

SUBJECT: Paratransit Services License  
Daylight Transportation  
**Consent Agenda – April 21, 2020**

A handwritten signature in black ink, appearing to be "CCZ", written over the "FROM" field of the memorandum.

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

**ACTION REQUESTED:** Approval and execution of the renewal Paratransit Services License for Daylight Transportation to provide wheelchair/stretchers service. The term of this license is from April 30, 2020 through April 30, 2022. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



**RENEWAL PARATRANSIT SERVICES:**

**APPLICATION FOR LICENSE**

**APPLICATION DATE: March 19, 2020**

**SECTION I: GENERAL INFORMATION**

1. **NAME OF SERVICE:** Daylight Transportation
2. **BUSINESS ADDRESS (INCLUDE COUNTY):**  
3765 Crescent Park Blvd Orlando, Florida 32812
3. **CONTACT INFORMATION:** Name: Nicole or Michael Springette  
Business Phone: 407-613-5752  
Mobile Phone: 407-694-5337  
Email: springmike@hotmail.com
4. **OWNERSHIP TYPE:** PRIVATE CORPORATION GOVERNMENT AGENCY OTHER  
a. If other, please describe: Limited Liability Company
5. **LEVEL OF SERVICE:** WHEELCHAIR STRETCHER BOTH
6. **PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:**  
 YES, DATE: October 10, 2019  NO

**SECTION II: VEHICLES AND STAFFING**

1. **NUMBER OF VEHICLES IN OPERATION:** 2

**2. EMPLOYEE ROSTER:**

**NAME**

**CURRENT CPR CARD (Y/N)**

**Michael Springette**

**Y**

**Suzanne Berkholtz**

**Y**

**Jerome Williams**

**Y**

**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.**

*Michael Springette*  
**SIGNATURE OF APPLICANT OR REPRESENTATIVE**

March 20, 2020  
**DATE:**

**NOTARY SEAL**

*S. Williams*  
**NOTARY SIGNATURE**



**SHEMISE WILLIAMS**  
Commission # GG 317242  
Expires July 8, 2023  
Bonded Thru Budget Notary Services

# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that DAYLIGHT TRANSPORTATION  
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: April 30, 2020

Date of Expiration: April 30, 2022



  
Mayor, Board of County Commissioners