



Legislation Text

File #: 24-1116, **Version:** 1

Interoffice Memorandum

DATE: July 17, 2024

TO: Mayor Jerry L. Demings and County Commissioners

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

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

CONTACT: Sandra Roe

PHONE: 407-836-7611

DIVISION: EMS Office of the Medical Director

ACTION REQUESTED:

Approval and execution of the Paratransit Services License for Reliability Care Transport LLC to provide wheelchair/stretchers service. The term of this license shall be from August 13, 2024, and terminate on August 12, 2026. 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 Reliability Care Transport LLC. Reliability Care Transport LLC 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 Reliability Care Transport LLC as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

BUDGET: N/A

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that RELIABILITY CARE TRANSPORT LLC
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 13, 2024

Date of Expiration: August 12, 2026

Bryan W. Brooks
Mayor, Board of County Commissioners





1 of 4
RECEIVED

PARATRANSIT SERVICES DATE: 5/13/24
INITIALS: [Signature]
APPLICATION FOR LICENSE

APPLICATION DATE: 05/08/2024

PROPOSED DATE OPERATIONS WILL BEGIN: 05/13/2024

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Reliability Care Transport LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):
1024 Alder Tree Drive, Apopka Fl. 32703
Orange county

3. CONTACT INFORMATION: Business Phone (407) 844-5404
Mobile Phone (407) 202-6641
Email reliabilitycaretransport@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>
Anthony Johnson	1024 Alder Tree Drive Apopka Fl.	MGR
Shadene Johnson	1024 Alder Tree Drive	MGR

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER
a. If other, please describe: _____

REC'D MED

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: _____ NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____ NO

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: _____ NO

New business starting up

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: _____ NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 1

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Errol Bryan	Y
_____	_____
_____	_____
_____	_____

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.

NEW BUSINESS
Aspire at Rosewood - 3920 Rosewood Way Orlando FL 32808 - 2017 - current
Harbor Private Duty Nursing - 1950 Lee Rd ste 109, Winter Park FL 32789 - PRN 2019

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

NAME	ADDRESS	PHONE
Lovina Solomon	2182 Lake Marion Drive Apopka 32712	(407) 252-4297
Dominique Chambliss	5619 La Joya Ct Orlando	(407) 468-4646
✓ Errol Bryan	4121 West Washington Street Orlando FL. 32805	(407) 879-0531
Judith Jones-Peart	1024 Alder Tree Dr Apopka FL 32703	(407) 853-1865
Gladford Walters	5619 La Joya Ct Orlando FL 32808	(407) 466-6716

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

NAME	ADDRESS	PHONE
Metro Pcs	1517 W Orange Blossom Trl. Apopka 32712	(407) 886-8121
creditum Fiber	PO Box 4259 marion, IA 71211	833-250-6306
BEST Buy	8350 S. O.E.T. O/F 32807	407-855-6114
CARL credit	555 anton blu Sicut 700 607866	893-7864
Duke Energy	550 S tryon St. Charlotte NC 28202	800 700 8748



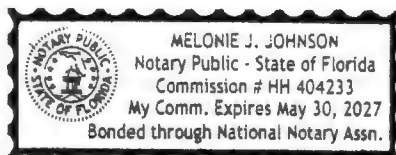
PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

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.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

DATE

NOTARY SEAL



NOTARY SIGNATURE