

June 18, 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

Pinar Transportation, Inc.

Consent Agenda – July 7, 2020

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

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Pinar Transportation, Inc. to provide wheelchair/stretcher service. The term of this license is from July 1, 2020 through July 1, 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: 5/27/2020

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ECTION I: GENERAL INFORMATION									
1.	NAME OF SERVICE: Pinar Transportation, Inc.								
2.	BUSINESS ADDRESS (INCLUDE COUNTY):								
	7339 E. Colonial Drive Suite # 7								
3.	CONTACT INFORMATION: Name: Yanira M. Rivera-Rodriguez								
		Business Phone: 407-674-6299							
	ψ.	Mobile Phone: 407-230-5056							
		Email: yanirapinar1@gmail.com							
4.	4. OWNERSHIP TYPE: ☑PRIVATE CORPORATION ☐GOVERNMENT AGENCY ☐OTHER								
	a. If other, please describe:								
5.	5. LEVEL OF SERVICE: □WHEELCHAIR □STRETCHER 項BOTH								
6.	6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:								
	Ø YES, DATE: 5/27/2020	□NO							

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 5

2. EMPLOYEE ROSTER:

NAME	CURRENT CPR CARD (Y/N)
Homero Chacow	yes
101/11/12	
Hanc Mart We L	465
1 Osniere Dugote	yes
Hanc Vallear	425
duis Perez	Yes

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

9/1

DATE:

NOTARY SEAL

NOTARY SIGNATURE

RICARDO ANDINO
Notary Public - State of Florida
Commission # GG 234194
My Comm. Expires Jul 1, 2022
Bonded through National Notary Assn.

