



Interoffice Memorandum

AGENDA ITEM

April 22, 2021

TO: Mayor Jerry L. Demings
-AND-
County Commissioners

THRU: Yolanda G. Martinez, EdPhD., PhD., Director *YGM*
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
Specialty Care Transport Inc
Consent Agenda – May 11, 2021

The EMS Office of the Medical Director requests the approval of the renewal 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.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Specialty Care Transport Inc to provide wheelchair/stretchers service. The term of this license is from May 31, 2021 through May 31, 2023. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 4/8/21

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: Name: Sherrida Amin
Business Phone: 352-988-7824 ↙
Mobile Phone: 407-877-0367
Email: specialtycaretransport@gmail.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: _____ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2
2016 Ford Transit T-350 [REDACTED]
2010 Ford E-350 [REDACTED]

2. EMPLOYEE ROSTER:

NAME

CURRENT CPR CARD (Y/N)

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>Sheida Amin</u>	<u>CPR Y</u>
<u>Saurd Husain</u>	<u>CPR Y</u>

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.

Sheida Amin.

SIGNATURE OF APPLICANT OR REPRESENTATIVE


04/09/2021

DATE:

NOTARY SEAL

NOTARY SIGNATURE

[Signature]
04/09/2021


Jose Pena
Notary Public
State of Florida
My Commission Expires 09/23/2022
Commission No. GG 261081

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, 2021

Date of Expiration: May 31, 2023

By Byron J. Brooks
Mayor, Board of County Commissioners

