

November 27, 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

SUBJECT: Paratransit Services License

Falck Southeast II Corp d/b/a American Ambulance

Consent Agenda – December 17, 2019

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Falck Southeast II Corp d/b/a American Ambulance. Falck Southeast II Corp d/b/a American Ambulance 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 Falck Southeast II Corp d/b/a American Ambulance as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit

Services License for Falck Southeast II Corp d/b/a American Ambulance to provide wheelchair/stretcher service. The term of this license is from January 1, 2020 through January 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: November 1, 2019

SECTION I: GENERAL INFORMATION

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	1.	NAME OF SERVICE: Falck	Southeast II Corp d/b/a American Ambulance	
	2.	BUSINESS ADDRESS (INCLUDE COUNTY): 3747 Silver Star Road, Orlando, FL 32808		
		Orange County		
	3.	CONTACT INFORMATION:	Name: Bob Eberhart	
			Business Phone: 407-822-3700	
			Mobile Phone: 321-436-2232	
			Email: bob.eberhart@falck.com	
	4	OWNERSHIP TYPE: TOPRIV	ATE CORPORATION DGOVERNMENT AGENCY	□OTHER.

5. LEVEL OF SERVICE: □WHEELCHAIR □STRETCHER ☑BOTH

a. If other, please describe: _____

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

☑ YES, DATE: 10/1/2019 □NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 1

2. EMPLOYEE ROSTER:

NAME	CURRENT CPR CARD (Y/N)				
JASMINE BACON	4				
DAMARIS DOLL	Y				
I, the undersigned representati	I, the undersigned representative of the service named in this application, do hereby				
attest the information provided	attest the information provided in this application is truthful and honest to the best				
of my knowledge, and that my	of my knowledge, and that my service meets all of the requirements for operation of				
a paratransit services in Orange	a paratransit services in Orange County and the State of Florida. I acknowledge that				
as provided in Orange County (as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-				
137, licenses obtained by an ap	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 F	REPRESENTATIVE				
11/1/19					
DATÉ:	Heather Stoneburner-Lavided				
	STATE OF FLORIDA				
NOTARY SEAL	Comp# GG221505 Springs 5/23/2022				
Dect De	37.000				
NOTARY SIGNATURE					

