




Interoffice Memorandum

AGENDA ITEM

October 26, 2023

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

THRU: Raul Pino, MD, MPH, 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
Transdev Services, Inc.
Consent Agenda – November 14, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Transdev Services, Inc. Transdev Services, Inc. has submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretchers service within Orange County. The EMS Office of the Medical Director has determined that Transdev Services, Inc. has met the prerequisites for licensure as an alternative transportation service in accordance with Section 20-132 of the Orange County Code. Public notice of this application has been posted and EMS has not received any objections.

ACTION REQUESTED: Approval and execution of the Paratransit Services License for Transdev Services, Inc. to provide wheelchair/stretchers service. The term of this license shall be from November 14, 2023, and terminate on November 13, 2025. There is no cost to the County.
(EMS Office of the Medical Director)

CCZ/jj

Attachments

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that TRANSDEV SERVICES, INC.
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: November 14, 2023

Date of Expiration: November 13, 2025

By: [Signature]

Mayor, Board of County Commissioners





PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

RECEIVED

DATE: 7/10/23
INITIALS: [Signature]

APPLICATION DATE: 07/07/2023

PROPOSED DATE OPERATIONS WILL BEGIN: 06/01/2023

COPY

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Transdev Services, Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

720 E. Butterfield Rd., Suite 300; Lombard, IL 60148
DuPage County

3. CONTACT INFORMATION: Business Phone (510) 557-4581

Mobile Phone (510) 557-4581

Email joey.hogan@transdev.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>
Laura Hendricks	720 E. Butterfield Rd. Lombard, IL	President
Susan Sweat	720 E. Butterfield Rd. Lombard, IL	Vice President
Mathieu LeBourhis	720 E. Butterfield Rd. Lombard, IL	CFO & Secretary

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER

a. If other, please describe:

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

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: 200

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
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* Operator Roster attached	Note: CPR Training is on going due to LYNX- requested accelerated service start-up.
_____	_____
_____	_____
_____	_____

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.**

With more than 100 years transportation experience in the United States, Transdev Services, Inc. is the
leading private-sector, multi-modal provider of public transportation in the country. We have 32,000
employees operating over 17,000 vehicles for contracts in more than 400 locations across the United States.
* Attached is a letter of reference from Mr. Norm Hickling, Director of Mobility Services for the Central Florida
Regional Transportation Authority.

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

NAME	ADDRESS	PHONE
Amy Hockman	COTA, 1330 Fields Ave, Columbus OH 43201	(614) 315-0789
Kevin Quinn	MTA, 6 St. Paul St., Baltimore, MD 21202	(410) 764-7434
Annette Williams	SFMTA, 1 S. Van Ness Ave, San Francisco, CA 94103	(415) 701-4485
Eileen Collins	TriMet, 1800 SW 1st Ave, Portland, OR, 97201	(503) 349-4454
Terrian Williams-Hall	WMATA, 600 Fifth St, Washington DC, 20001	(202) 962-2100

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

NAME	ADDRESS	PHONE
Gillig, LLC	P.O. Box 3008, Haywood, CA, 94540	(510) 264-5068
W.W. Williams	Dept L-303 Columbus, OH 43260-9303	(800) 241-4302
FleetPride	10870 Kalama River Rd. Fountain Valley CA 92708	(361) 883-4358
MCI Service Parts	1700 E. Golf Rd, Schaumburg, IL 60173	(502) 318-3124



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.

WC _____

SIGNATURE OF APPLICANT OR REPRESENTATIVE

07/07/2023

DATE

NOTARY SEAL



Jenifera Hartman _____

NOTARY SIGNATURE