



Interoffice Memorandum

AGENDA ITEM

September 7, 2023

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

THRU: Raul Pino, MD, MPH, Director
Health Services Department

Raul Pino MD. MPH.

FROM: Christian C. Zuver, M.D., Medical Director
EMS Office of the Medical Director
Contact: (407) 836-7611

SUBJECT: Paratransit Services License
Trinsit, LLC
Consent Agenda – September 26, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Trinsit, LLC. Trinsit, LLC submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretchers service within Orange County, Florida.

During the application review process, the EMS Office of the Medical Director had reasonable cause to believe that Trinsit was operating alternative transportation services in Orange County, Florida without a paratransit license in violation of Chapter 20, Orange County Code, and the Paratransit Rules and Regulations approved by the Board in Resolution No. 2014-M-25. Accordingly, the EMS Office of the Medical Director imposed a 90-day moratorium on processing Trinsit's application. The moratorium has since expired, and the Office has not received any additional reports of Trinsit operating without a license in Orange County.

The EMS Office of the Medical Director has determined that Trinsit 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 Trinsit, LLC to provide wheelchair/stretchers service. The term of this license shall be from September 26, 2023, and terminate on September 25, 2025. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/jj

Attachments



**PARATRANSIT SERVICES:
APPLICATION FOR LICENSE**

RECEIVED

DATE: 5/24/2023
INITIALS: [Signature]

APPLICATION DATE:

5/24/2023

2nd application

PROPOSED DATE OPERATIONS WILL BEGIN:

08/01/2023

SECTION I: GENERAL INFORMATION

Trinsit, LLC

1. NAME OF SERVICE: _Non-Emergency Medical Transportation

2. BUSINESS ADDRESS (INCLUDE COUNTY):

_1180 Spring Centre S Blvd., suite 112 Altamonte Springs, FL 32714

3. CONTACT INFORMATION:

4. Business Phone _321 805 95 82

Mobile Phone _321 805 95 82

Email _trinsit01@gmail.com

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>
Hardy Auguste	581 N Park Ave Apopka FL 32704 #350	Owner

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: 5/23/23 NO

VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: pending 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: 5/23/23 NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 5/23/23 NO

*Insurance
Approved
1/20/23
+ 7/20/23*

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2

2. EMPLOYEE ROSTER:

NAME

CURRENT CPR CARD (Y/N)

Hardy Auguste_(owner)

Yes____

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of one notarized letter of reference from the list below is required.

Advent Health Altamonte
South Seminole
Advent Health Daytona
Natacha Monestime
Central Florida Insurance Agency

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

NAME	ADDRESS	PHONE
Ricardo Auguste	105 NW 133 RD Ter Unit 107 Davie Fl 33325	7186879311
✓ Jessica Miranda	494 Tuscany chase Dr Daytona beach FL	386 795 4602
✓ Marcel Laguerre	5965 pier place drive Lakeland FL 33813	5167134100
Sabrina Mesidor	4601 Glider Cir Douglasville Georgia 30135	7708950783
Sandy Jean Marie	616 Stratton Dr East Stroudsburg PA 18303	5708010671

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

NAME	ADDRESS	PHONE
✓ Chase	2111 E Semoran Blvd, Apopka, FL 32703	(407) 464-7191
Navy Federal	955 W State Rd 436 #1060, Altamonte Springs, FL 32714	(888) 842-6328
South Seminole Business & Storage	540 N. State Road 434 Altamonte Springs, FL 32714	4078697867

✓ Quest Company	1180 Spring Centre South Blvd Suite 102 Altamonte Springs, FL 32714	407-786-4001
Central Florida Insurance Agency	740 Florida Central pkwy ste 2028 Longwood FL 32759	4077774013



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 20137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

Hardy Agosto

SIGNATURE OF APPLICANT OR REPRESENTATIVE

05/19/2023

DATE

NOTARY SEAL



K Barr

NOTARY SIGNATURE

KRISTIN BARR

