




Interoffice Memorandum

AGENDA ITEM

June 28, 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  
Faithful Mobility Transport, LLC  
**Consent Agenda – July 16, 2019**

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Faithful Mobility Transport, LLC. Faithful Mobility Transport, LLC 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 Faithful Mobility Transport, LLC as contained in Orange County Ordinance 2001-09.

**ACTION REQUESTED:** Approval and execution of the renewal Paratransit Services License for Faithful Mobility Transport, LLC to provide wheelchair/stretchers service. The term of this license is from August 1, 2019 through August 1, 2021. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



**RENEWAL PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

APPLICATION DATE: June 26, 2019

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: Faithful Mobility Transport, LLC
2. BUSINESS ADDRESS (INCLUDE COUNTY):  
1940 Hammock Moss Drive Orlando, FL 32820 Orange County
3. CONTACT INFORMATION: Name: Fabiola Francois  
Business Phone: 407-456-3242  
Mobile Phone: 407-269-3200  
Email: rodolph24@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: 6/26/2019  NO


**SECTION II: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 3

2. EMPLOYEE ROSTER:

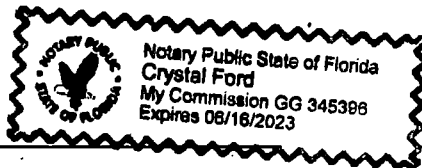
<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Frenel Mera	Y
Joel Jean-Jacques	Y
Jean Francois	Y

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

6/26/19  
DATE:

NOTARY SEAL  
  
\_\_\_\_\_  
NOTARY SIGNATURE



# License Paratransit Services

**Orange County  
Board of County Commissioners  
Emergency Medical Services**

This is to certify that FAITHFUL MOBILITY TRANSPORT, LLC  
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: August 1, 2019

Date of Expiration: August 1, 2021

*Bryan Brooks*  
for Mayor, Board of County Commissioners

