

May 2, 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

Renewal for BeSafe Transportation, LLC Consent Agenda – May 23, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for BeSafe Transportation, LLC. BeSafe Transportation, LLC has submitted the attached renewal 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 BeSafe Transportation, LLC as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit

Services License for BeSafe Transportation, LLC to provide wheelchair/stretcher service. The term of this license shall be from May 23, 2023 and will terminate on May 22, 2025. There is no cost to the County. **(EMS**

Office of the Medical Director)

CCZ/ji

Attachments



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE:

	ION I: GENERAL INFORMATION
1.	NAME OF SERVICE: BESATE TRANSPORTATION, LLC BUSINESS ADDRESS (INCLUDE COUNTY): 2605 WEMBLEYGROSS WAY ORLANDO, FL. 32829
2.	BUSINESS ADDRESS (INCLUDE COUNTY): ORLANDO, FL. 32829
	CONTACT INFORMATION: Name: CECILE NABONG & VUAN NABONG
	Business Phone: 407-275- 5344
	Mobile Phone: (407) 8/0-8701 (CECILE) (407) 8/0- Cecilena bonga msn. com Email: montgenabonga msn. com
	Email: Cecilenabonga msn. com
	monty en abong a min. com
4.	OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
	a. If other, please describe:
5.	LEVEL OF SERVICE: DWHEELCHAIR DSTRETCHER DBOTH
6.	PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
	YES, DATE: Expires 3/8/23 DNO
	SECTION II: VEHICLES AND STAFFING
1.	NUMBER OF VEHICLES IN OPERATION: 3
	EMPLOYEE ROSTER: ROMAN DEL ROSARIO RODOLFO MUNOZ
2.	EMPLOYEE ROSTER: ROMAN DEL ROSPARIO RODOLFO MUNOZ
	NAME CURRENT CPR CARD (Y/N)
	Provided to EMS Office
	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.

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SIGNATURE OF APPLICANT OR REPRESENTATIVE

Flonde Driver Cicense

Actal Poplica State of Fictica
Commission = 7H 172977

My Comm. Expires Sep 7, 2025

NOTARY SEAL



Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify thatBeSa	fe Transportation, LLC
has complied with the Orange County Code.	and Rules and Regulations sioners and is authorized to operate a Paratransit Service
Date of Issue: May 23, 2023	Date of Expiration: May 22, 2025
40-18 (7/14)	Mayor, Board of County Commissioners