



Interoffice Memorandum

AGENDA ITEM

May 2, 2024

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

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

A handwritten signature in black ink that reads "Raul Pino MD, MPH." followed by the printed text "MD. MPH." to its right.

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

SUBJECT: Paratransit Services License
Safe Rides On Time
Consent Agenda – May 21, 2024

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Safe Rides On Time. Safe Rides On Time 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 Safe Rides On Time as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

ACTION REQUESTED: Approval and execution of the Paratransit Services License for Safe Rides On Time to provide wheelchair/stretchers service. The term of this license shall be from May 21, 2024, and terminate on May 20, 2026. 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 SAFE RIDES ON TIME
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: May 21, 2024

Date of Expiration: May 20, 2026


Mayor, Board of County Commissioners





PARATRANSIT SERVICES
APPLICATION FOR LICENSE

RECEIVED

DATE: 2/16/2024
INITIALS: [Signature]

APPLICATION DATE: 02/16/2024

PROPOSED DATE OPERATIONS WILL BEGIN: 03/01/2024

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Safe Rides On Time

2. BUSINESS ADDRESS (INCLUDE COUNTY):

645 Monte Vista Way, Winter Garden, Orange County, FL 34787

3. CONTACT INFORMATION: Business Phone (689) 276-4244

Mobile Phone (689) 276-4244

Email saferidesontime@outlook.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: LLC

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Oybek Yusupov</u>	<u>645 Monte Vista Way, Winter Garden</u>	<u>Managing Director</u>
<u>Khulkar Yusupova</u>	<u>645 Monte Vista Way, Winter Garden</u>	<u>Manager</u>

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: 02/09/2024 _____ NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 12/20/2023 _____ NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 1 _____

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Oybek Yusupov - 407-693-7905 - Driver	CPR/AED/First Aid - ID#979F218F issued 11/29/2023
	UPS Safe Driver Award for 6 consecutive years

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.**

Please refer to the attached resume of Oybek Yusupov, below is a recap:
12/2023 - current - Managing Director, Safe Rides On Time LLC
09/2015 - 11/2023 - UPS Delivery/Transportation Driver, UPS Canada
02/2013 - 08/2015 - UPS Package Handler, UPS Canada
Reference Letter - Aniel Quesada anclaqv2gmail.com 727-557-9664

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

NAME	ADDRESS	PHONE
Farida Najimova	farida.nadjimova@ameriteamrealty.com	(571) 458-8984
Christina Casabianca	Cristina@casabiancalaw.com	(786) 622-1583
Joe Di Bartolo	dibartolo@tworld.com	(352) 999-1815
Vivian Cannell	8212 Rowland Road, Edmonton, AB	(587) 599-5128
Joe Bowering	Joebvivc@hotmail.com	(780) 818-1963

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

NAME	ADDRESS	PHONE
Luis Laguado	Luisjr@garzorinsurance.com	(407) 574-7390
Michael Fokin	michael.fokin@mobilityfl.com	(813) 603-7343
Spectrum	15996 New Independence parkway, Winter Garden, FL	(833) 267-6094
Duke Energy	P.O. Box 14042 St. Petersburg, FL 33733	(800) 700-8744
Crystal Springs	200 Eagles Landing Boulevard Lakeland, Florida 33810	(800) 728-5508



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.

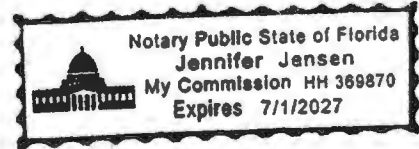


SIGNATURE OF APPLICANT OR REPRESENTATIVE

Passport ID

3/20/2024

DATE



NOTARY SEAL



NOTARY SIGNATURE