September 27, 2022

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

RG Ambulance Service, Inc. d/b/a American Ambulance

Consent Agenda - September 27, 2022

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for RG Ambulance Service, Inc. d/b/a American Ambulance. RG Ambulance Service, Inc. d/b/a American Ambulance has submitted the attached 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 RG Ambulance Service, Inc. d/b/a American Ambulance 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 RG Ambulance Service, Inc. d/b/a American Ambulance to provide wheelchair/stretcher service. The term of this license is from January 15, 2023 through January 15, 2025. There is no cost to the County. **(EMS Office of the Medical**

Director)

CCZ/ji

Attachments



Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that RG AMBULANCE SERV has complied with the Orange County Code		2001-9	and Rules and Regulations
established by	the Board of County Commission	ers and is authorize	ed to operate a Paratransit Service
in Orange Cou	nty.	MINTENIO	
Date of Issue:	January 15, 2023	Date of Expira	January 15, 2025
40-18 (7/14)	E E E E E E E E E E E E E E E E E E E	An Byung Mayor, Board	of County Commissioners



RENEWAL PARATRANSITSERVICES: APPLICATION FOR LICENSE



APPLICATION DATE:

SECTION I: GENERAL INFORMATION 1. NAME OF SERVICE: RG Ambulance Service, Inc. d/b/a American Ambulance 2. BUSINESS ADDRESS (INCLUDE COUNTY):4601 North John Young Parkway, Orlando FL-**Orange County** 3. CONTACT INFORMATION: Name: Bob Eberhart Business Phone: 407-822-3700 Mobile Phone: 3 2 1 - 4 3 6 - 2 2 3 2 Email: 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: Expires 4-4-2023 SECTION II: VEHICLES AND STAFFING 1. NUMBER OF VEHICLES IN OPERATION: None Currently 2. EMPLOYEE ROSTER: N/A

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.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

ATE:

DATE:

NOTARY SEAL

NOTARY SIGNATURE

Heather Stoneburner-Lavidon

Notary Public State of Florida Comm# HH269005