

December 20, 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 GA Transport N.E.M.T. LLC **Consent Agenda – January 10, 2023**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for GA Transport N.E.M.T. LLC. GA Transport N.E.M.T. LLC 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 GA Transport N.E.M.T. LLC 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 GA Transport N.E.M.T. LLC to provide wheelchair/stretcher service. The term of this license is from January 10, 2023 through January 10, 2025. There is no cost to the County. (EMS Office of the Medical Director)

CCZ/jj

Attachments



PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 06/21/2022

PROPOSED DATE OPERATIONS WILL BEGIN: 07/25/2022

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: GA Transport N.E.M.T LLC
- 2. BUSINESS ADDRESS (INCLUDE COUNTY):

1950 Lee Road Ste 114 Winter Park, FI 32789

3. CONTACT INFORMATION: Business Phone (866) 262-4835

Mobile Phone (407) 844-5840

Email gracefullyaging18@gmail.com

- 4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
 - a. If other, please describe: _____
- 5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
Nakia Starker	1837 Lochshyre Loop Ocoee, Fl	Director of Operations
Slavario Hollinger	1950 Lee Rd Winter Park, Fl	CEO

- 6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH
- 7. COMMUNICATIONS EQUIPMENT: DTELEPHONE DTWO-WAY RADIO DOTHER
 - 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
 - D Five verifiable credit references, including two notarized letters of reference
- 4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

□ YES, DATE: _____ □NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

□ YES, DATE: _____ □NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 1

2. EMPLOYEE ROSTER:

NA	ME

CURRENT CPR CARD (Y/N)

Nakia Starker	Y
Slavario Holllinger	Y

Revision Date: 07/25/2017

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.

Gracefully Aging Home Health 09/18/2018-Present
Osceola County Correction Department 2003-2018

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

	NAME	ADDRESS	PHONE
(3) 18	Jere' James	4690 Hoffner Ave orlando, Fl 32812	(561) 909-5214
	Stephan Stepens	3550N Rosland Ave Orlando, FI 32801	(407) 732-1130 🗸
	Trena Wilson	1414 N. Ronald Reagan Blvd. Longwood, Fl 32750	(321) 297-2737 🗸
	Chunmei Mobley	1824 Patterson Street Orlando, FI 32811	(407) 341-9981
	Tangella Robinson	13855 Glasser Ave Orlando, FI 32826	(407) 860-6495 🗸

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

NAME	ADDRESS	PHONE	
Regions	1245 West Fairbanks Ave Winter Park, FI 32789	(321) 280-3500	4
Truist	605 N Orlando Ave. Winter Park, FI 32789	(407) 621-6214 L	
Chase	608 N Orlando Ave Winter Park, FI 32789	(407) 629-1401	Y
Duke Energy	550 South Tryon Street Charlotte, NC 28202	(800) 700-8744	
Ocoee Utilies	1800 A D Mims Road Ocoee, FI 34761	(407) 905-3159	



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.

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SIGNATURE OF APPLICANT OR REPRESENTATIVE

06/21/2023

DATE

NOTARY SEAL

Joy L. Gibson NOTARY PUBLIC STATE OF FLORIDA Comm# GG287017 Expires 12/27/2022

ÁRY SIGNATURE

License Paratransit Services

Orange County Board of County Commissioners Emergency Medical Services

This is to certify that ______ GA TRANSPORT N.E.M.T. LLC has complied with the Orange County Code _______ 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: ______ January 10, 2023

Date of Expiration:

January 10, 2025

40-18 (7/14)

Mayor, Board of County Commissioners