

February 16, 2023

TO: Mayor Jerry L. Demings

-AND-

County Commissioners

Raul Pino, MD, MPH, Director THRU:

Health Services Department

Laylised MD. MPH. Christian C. Zuver, M.D., Medical Director FROM:

EMS Office of the Medical Director

Contact: (407) 836-7611

SUBJECT: Paratransit Services License

> Safeway Transportation System Consent Agenda - March 7, 2023

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

Approval and execution of the Paratransit Services **ACTION REQUESTED:**

License for Safeway Transportation System to provide wheelchair/stretcher service. The term of this license shall be from March 7, 2023 and terminate on March 6, 2025. There is no cost to the County. (EMS Office of

the Medical Director)

CCZ/ii

Attachments



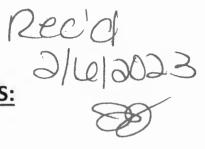
Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that	Safeway Transportation	n System	
nas complied with the Orange County Constablished by the Board of County Connange County.		ized to operate a Paratransit Service	
Date of Issue: March 7, 2023	Date of Expi	iration: March 6, 2025	17
JO-18 (7/14)	Homayor, Boar	rd of County Commissioners	100
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RENEWAL PARATRANSIT SERVICES:





APPLICATION DATE:

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CTI	ON I: GENERAL INFORMA	ATION								
1.	NAME OF SERVICE: Safewa	y Transportation S	ystem							
2.	BUSINESS ADDRESS (INCLUDE COUNTY): 2909 Roxbury Court Kissimmee, FL 34744									
3.	CONTACT INFORMATION: Name: Monica Viteri									
		Business Phone:	407-350-0	527						
		Mobile Phone: _	407-927-8	660						
		Email: safewayts	@gmail.co	m						
4.	OWNERSHIP TYPE: PRIVA	TE CORPORATION	□GOVER	NMENT AGENCY	OTHER					
	a. If other, please descr	ribe:								
5.	LEVEL OF SERVICE:	LCHAIR STRETC	CHER BO	OTH						
6.	PROOF OF CURRENT INSURA		TO EMS OF	FICE:						
	11/15/23 (Auto) VES, DATE: Expires 12/10/22 (General)									
	SECTION II: VEHICLES A	ND STAFFING								
1.	NUMBER OF VEHICLES IN O	PERATION: 2		•						
2.	EMPLOYEE ROSTER: 3									
	NAME			CURRENT CPR CA	ARD (Y/N)					
	Provided to EMS Office	Monic	Viteri a Viteri os Laz	Y Y Y						
	I, the undersigned represen	tative of the servi	ce named in	this application,	do					
	hereby attest the informat	tion provided in th	nis applicati	on 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

DATE:

NOTARY SEAL

NOTARY SIGNATURE

Virginia Gonzalez.
Notary Public
State of Florida
Comm# HH114216
Expires 4/6/2025

State of Florida

Sworn to (or affirmed) and subscribed before me this 29 day of Movember, 2012, by Monife.

Alexandra Viteri

Personally Known____

or produced Identification

Type of Identification Produced