



Interoffice Memorandum

AGENDA ITEM

December 15, 2016

TO: Mayor Teresa Jacobs
-AND-
Board of County Commissioners

FROM: Christopher Hunter, M.D., Ph.D., Director
Health Services Department
Contact: 407-836-7611

SUBJECT: Paratransit Services License
Universal Transportation Management (UTM)
Consent Agenda – January 10, 2017

A handwritten signature in black ink, appearing to be "CH", located to the right of the "FROM:" field.

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Universal Transportation Management (UTM). Universal Transportation Management (UTM) 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 Universal Transportation Management (UTM) as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Universal Transportation Management (UTM) to provide wheelchair/stretchers service. The term of this License is from January 31, 2017 through January 31, 2019. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

Cc: George A. Ralls, M.D., Deputy County Administrator



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: 8-20-16

PROPOSED DATE OPERATIONS WILL BEGIN: 11-1-16

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Universal Transportation Management (UTM)

2. BUSINESS ADDRESS (INCLUDE COUNTY):

1801 E Colonial Drive, Orlando, FL 32803
Orange County

3. CONTACT INFORMATION: Business Phone 561-767-5721

Mobile Phone 561-729-3698

Email anderson11956@hotmail.com

4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
Anderson Louis Jeanne	7866 Springfield Lake Dr Lake Worth FL 33467	Pres
Rithatondro	7866 Springfield Lake Dr Lake Worth FL 33467	V. Pres
Tason Bertley	504 SW 8th St Boynton Beach FL 33435	Director

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

If not completed at the time of application, payment of fees and vehicle inspection by the EMS Office must be completed prior to commencing operations. Failure to do so may result in revocation of license.

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 FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:**☒ YES, DATE: 8-26-16☐ 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

If insurance coverage has not been obtained at the time of application the provider must obtain insurance coverage and provide certificates of insurance coverage to the county prior to commencing operations. Failure to do so may result in revocation of license.

SECTION III: VEHICLES AND STAFFING**1. NUMBER OF VEHICLES IN OPERATION:** 1**2. EMPLOYEE ROSTER:****NAME****CURRENT CPR CARD (Y/N)**Anderson Louis TeuneYes

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.

<i>HL Universal Inc own by Mr Teane since 8-9-09 until now. Please see articles of Corporation enclosed and notarized letter from Client (Daltne Casimir).</i>

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

NAME	ADDRESS	PHONE
Ayana Williams	5007 Costile Crest, apt 325, Tampa FL 33617	(813) 917-7545
Jenny Ivedi	2415 arena Way, Lake Worth FL 33463	(561) 495-0552
Ame Gene Moore	1107 Skagway Av, Tampa FL 33604	(813) 735-1896
JASON Bodley	504 SW 8th St Boynton Bch FL 33435	(561) 598-2593
Unice Moore	5009 Costile Crest, apt 200, Tampa FL 33617	(813) 391-7688

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

	NAME	ADDRESS	PHONE
<u>VI</u>	Regions Bank	289 N Congress AV, Boynton Bch FL 33406	(561) 601-1720
<u>VII</u>	Quick Florida quotes	15190 SW 136 St Suite 10, Miami FL 33196	(305) 221-7070
<u>VIII</u>	First Coast energy	6020 S Congress AV, Lantana FL 33462	(561) 433-9951
<u>IX</u>	Town Cars sales	5601 Broadway, West Palm Bch, FL 33407	(561) 267-3499
<u>X</u>	Lake Park Broker inc	9393 alternate AIA, Lake Park FL 33403	(561) 863-7116



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.

Anderson Louis Towns

SIGNATURE OF APPLICANT OR REPRESENTATIVE

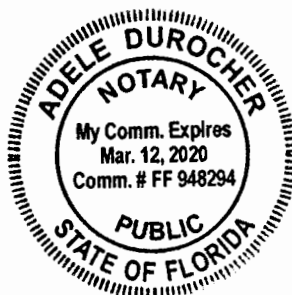
9-8-16

DATE

NOTARY SEAL

Adele Durocher

NOTARY SIGNATURE



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that UNIVERSAL TRANSPORTION MANAGEMENT (UTM)
has complied with the Orange County Code 2001-9 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 31, 2017

Date of Expiration: January 31, 2019

40-18 (7/14)

Arif Dalchandani

Mayor, Board of County Commissioners

