14/1-



January 19, 2017

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

BeSafe Transportation, LLC

Consent Agenda – February 7, 2017

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for BeSafe Transportation, LLC. BeSafe Transportation, 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 BeSafe Transportation, LLC as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services

License for BeSafe Transportation, LLC to provide wheelchair/stretcher service. The term of this License is from February 1, 2017 through February 1, 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



RENEWAL PARATRANSIT SERVICES: APPLICATION FOR LICENSE

APPLIC	CATION DATE:
<u>SECTI</u>	ON I: GENERAL INFORMATION
1.	NAME OF SERVICE: BESAFE TRANSPORTATION, LLC
2.	BUSINESS ADDRESS (INCLUDE COUNTY):
	2605 WEMBLEYCRUSS WAY
	URLANDO FLA. 32828
3.	contact information: Name Juan and Ceale Nabong
	Business Phone (401) 275 - 5344
	Mobile Phone (401) 810- 1585
	montyenabong w yahoo. com
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: 1 10 17 □ NO

SECTION II: VEHICLES AND STAFFING

	1. NUMBER OF VEHICLES IN OPERATION:			.7.		
	2. EMPLOYEE ROSTER:	See	2rd pg	п		
	NAME		-			CURRENT CPR CARD (Y/N)
\mathcal{O}	WARREN GOPEZ					Y
2)	KEVIN MCBEAN					У
(J)	RAYMUNDO RIRAD					У
(4)	MICHAEL SPRINGETTE					ý
(5)	RAVENELLE STEWART					, y
(b)	AIMEE ONGOU	·				Y

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

Jun 11,2017

DATE:

3

NOTARY SEA

NOTARY SIGNATURE



BESAFE TRANSPORTATION ADDITIONAL DRIVER LIST

7-ABELARDO MAGSAKAY	CPR: YES
8-EDWIN VERIN	CPR: YES
9-PETER TRIAS	CPR: YES
10-JORDAN SISON	CPR: YES
11-JOSE PECZON	CPR: YES
12-TOM CORTEZ	CPR: YES
13-ARTEMIO TEMPLA	CPR: YES

