



## Interoffice Memorandum

## AGENDA ITEM

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  
Florida Hospital Waterman Special Transport  
**Consent Agenda – February 7, 2017**

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Florida Hospital Waterman Special Transport. Florida Hospital Waterman Special Transport 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 Florida Hospital Waterman Special Transport as contained in Orange County Ordinance 2001-09.

**ACTION REQUESTED:** Approval and execution of the renewal Paratransit Services License for Florida Hospital Waterman Special Transport to provide wheelchair/stretchers 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

APPLICATION DATE: 1/9/2017

#### SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Florida Hospital Waterman Special Transport
2. BUSINESS ADDRESS (INCLUDE COUNTY):  
1000 Waterman Way, Tavares, Florida 32773 (Lake County) (352) 253-3882
3. CONTACT INFORMATION: Name Ed Lewis  
Business Phone (352) 253-3881  
Mobile Phone (352) 267-2750  
Email Edmund.lewis@ahss.org
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: 11/28/2016 ☐ NO

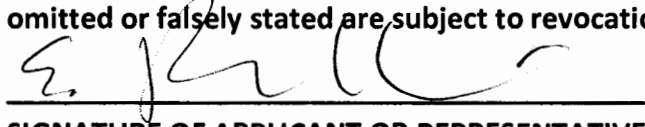
## **SECTION II: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 4

2. EMPLOYEE ROSTER: 8

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>Ed Lewis</u>	<u>(Y)</u>
<u>Sid Dunham</u>	<u>(Y)</u>
<u>Elmer Giron</u>	<u>(Y)</u>
<u>Fernando Cammacho</u>	<u>(Y)</u>
<u>Alonzo Jones</u>	<u>(Y)</u>
<u>Clarence Few</u>	<u>(Y)</u>
<u>Kim Smith</u>	<u>(Y)</u>
<u>Addie Smith</u>	<u>(Y)</u>

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

11/10/17  
\_\_\_\_\_  
DATE:

NOTARY SEAL  
  
\_\_\_\_\_  
NOTARY SIGNATURE



SHEILA MANDY  
MY COMMISSION # FF 913006  
EXPIRES: August 25, 2019  
Bonded Thru Budget Notary Services

# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that **FLORIDA HOSPITAL WATERMAN SPECIAL TRANSPORT**  
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: February 1, 2017

Date of Expiration: February 1, 2019

40-18 (7/14)



*[Signature]*  
\_\_\_\_\_  
Mayor, Board of County Commissioners