



Interoffice Memorandum

AGENDA ITEM

March 2, 2017

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

FROM: George A. Ralls, M.D., Deputy County Administrator 
County Administrator's Office
Contact: (407) 836-5496

SUBJECT: Paratransit Services License
ProTransportation Inc.
Consent Agenda – March 21, 2017

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for ProTransportation Inc. ProTransportation Inc. 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 ProTransportation Inc. 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 ProTransportation Inc. to provide wheelchair/stretchers service. The term of this license is from April 1, 2017 through April 1, 2019. There is no cost to the County. **(EMS Office of the Medical Director)**

GAR/cf

Attachments



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: 02/17/2017

PROPOSED DATE OPERATIONS WILL BEGIN: 04/01/2017

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: ProTransportation Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

7901 Kingspointe PKWY #19

3. CONTACT INFORMATION: Business Phone 800-649-9666

Mobile Phone 305-304-5609

Email sg@promedtransport.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Pearl Goldblatt	1910 7 th Ave North Lake Worth, FL 33461	Officer

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 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

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)

Schragie Goldblatt

YES

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of at least one letter of reference from list below is required.

Our business was established in 1997 under ProMed transportation, we are changing the name to ProTRansportation

2. List five personal or business references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
Grayco Systems	201 cambell loop, Hattiesburg, MS 39401	601-583-0430
Regents Park – Ari Hollender	6363 Verde Trail Boca Raton, FL 33433	561-722-2272
Gold Standard of Care	534 Datura Street #146 West Palm Beach, FL	561-659-9330
Greg Sinclair- Hospice Palm Beach	300 NorthPoint Pkwy #301 W.P.B. FL 33407	561-4246238
North Lake Rehab	750 Bayberry Dr Lake Park, FL 33403	561-844-4396

3. List five credit references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
Fairmont Insurance	1600 60 th St, Brooklyn, NY 11365	718-232-3300
Marcy Corporation	217 Ohio Road, Lake Worth, FL 33467	561-722-2272
Afco Insurance	4501 College Blvd #320 Leawood, KS 66211	800-288-9601
Wex Bank	Po box 6293 Carol Stream. IL 60197	800-492-0669
M&J Lift Services	PO box 1285 Dania, FL 33004	954-709-5650



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.

A handwritten signature in cursive script, appearing to read "Debra J. [unclear]", is written over a horizontal line.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

21 Feb 2017

DATE

NOTARY SEAL



Dan Andrew Niederman
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# FF029219
 Expires 9/24/2017

A handwritten signature in cursive script, appearing to read "Dan A. Niederman", is written over a horizontal line.

NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that **PROTRANSPORTATION INC.**
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: April 1, 2017 Date of Expiration: April 1, 2019

GOVERNMENT

F L O R I D A

40-18 (7/14)

Ali Dakhbandani
Mayor, Board of County Commissioners

