



Interoffice Memorandum

AGENDA ITEM

April 20, 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

J. Goodrich for

SUBJECT: Paratransit Services License
DDJ Transportation, Inc.
Consent Agenda – May 9, 2017

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for DDJ Transportation, Inc. DDJ Transportation, 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 DDJ Transportation, 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 DDJ Transportation, Inc. to provide wheelchair/stretchers service. The term of this license is from May 1, 2017 through May 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: 1-23-17

PROPOSED DATE OPERATIONS WILL BEGIN: ASAP

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: DDJ Transportation, Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

9448 Candice court
Orlando, FL 32832

3. CONTACT INFORMATION: Business Phone 407-885-7433

Mobile Phone 617-799-0240

Email MARK@DDJTRANSPORT.COM

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

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>MARK CURRIE</u>	<u>9448 Candice court</u>	<u>Owner</u>
<u>YVONNE WILKINSON</u>	<u>9448 Candice court</u>	<u>Owner</u>

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: 1.25.17☐ 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.

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:☐ YES, DATE: _____☒ NO**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: 1/27/2017☐ NO

Example: Current letter from bank verifying business account status (no account numbers please).

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:☒ YES, DATE: 2/14/2017☐ 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:** 2**2. EMPLOYEE ROSTER:**

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>Mark Chunn</u>	<u>Y</u>
<u>Yvonne Wilkinson</u>	<u>Y</u>

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.

General Manager Shaw Transit, Inc with a fleet of over 100 vehicles. Performed pupil transport, wheelchair accessible transportation, Adult Day Health centers and medical appointments

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

NAME	ADDRESS	PHONE
Abi Seghal	9452 Candice Ct	508 735 8167
Regina Mearls	Norton Public Schools	617 559 9051
Jackie Massey	Randolph Public Schools	781 961 6237
Bruce Anderson	Plymouth, MA	508 267 6788
Raul, Al.	Orlando, FL	407 948 0059

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

NAME	ADDRESS	PHONE
Bank of America	10459 Narcoossee Rd	407 384 3291
Sutton Leasing	3555 E 14 mile Rd	586 596 8142
RVs Auto Group	Swamp Pt Rd	727 324 9818
SuperTek	3674 Ocita Drive	407 466 4114
Precision TAX	521 East State Rd	407 960 6000



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 black ink, appearing to be "R. [unclear]", written over a horizontal line.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

1.27.17

DATE

NOTARY SEAL

A handwritten signature in black ink, appearing to be "J. [unclear]", written over a horizontal line.

NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that **DDJ TRANSPORTATION, 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: **May 1, 2017** Date of Expiration: **May 1, 2019**

40-18 (7/14)

[Signature]
Mayor, Board of County Commissioners

