



Interoffice Memorandum

AGENDA ITEM

August 24, 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
Unique NEMTS
Consent Agenda – September 12, 2017

J. Goodrich
for

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

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Unique NEMTS to provide wheelchair/stretchers service. The term of this license is from September 30, 2017 through September 30, 2019. There is no cost to the County. **(EMS Office of the Medical Director)**

GAR/cf

Attachments

RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 08/23/17

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Unique NEMTS
2. BUSINESS ADDRESS (INCLUDE COUNTY):
6122 Lokey Dr, Orlando FL
Orange County
3. CONTACT INFORMATION: Name Vincent Robinson
Business Phone 407 844 4320
Mobile Phone 678 467 9494
Email Uniquenemts@gmail.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: _____ ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2

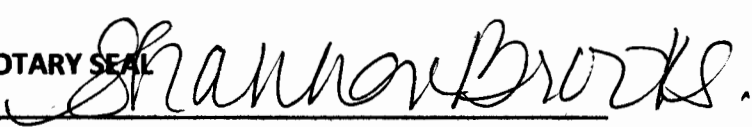
2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Vincent Robinson	Yes
Ricardo Webb	Yes
Willatice Harney	N
Brandon Hollingsworth	N
Robert Brown	N

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

08/23/17
DATE:

NOTARY SEAL 
NOTARY SIGNATURE



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that UNIQUE NEMTS
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: September 30, 2017

Date of Expiration: September 30, 2019

40-18 (7/14)

B. D. Dalchandani
Mayor, Board of County Commissioners

