



Interoffice Memorandum

AGENDA ITEM

October 26, 2017

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

THRU: George A. Ralls, M.D., Deputy County Administrator
County Administrator's Office

FROM: Christian C. Zuver, M.D., Medical Director
Health Services Department
Contact: (407) 836-7611

SUBJECT: Paratransit Services License
Dorsar Patient Transport LLC
Consent Agenda – November 14, 2017

A handwritten signature in black ink, likely belonging to George A. Ralls, the Deputy County Administrator.

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

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

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: OCTOBER 20, 2017

SECTION I: GENERAL INFORMATION

NAME OF SERVICE:

DORSAR PATIENT TRANSPORT LLC

BUSINESS ADDRESS (INCLUDE COUNTY):

8810 COMMODITY CIRCLE STE. 9

ORLANDO, FLORIDA

32819

CONTACT INFORMATION:

Name

PAUL ROWE

Business Phone

407-897-6839

Mobile Phone

Email

PAUL@SCOOTARAMA.COM

OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT
AGENCY ☐ OTHER

If other, please describe: _____

LEVEL OF SERVICE: ☐ WHEELCHAIR ☐ STRETCHER ☒ BOTH

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

☒ YES, DATE: MAY 4, 2017

☐ NO

SECTION II: VEHICLES AND STAFFING

NUMBER OF VEHICLES IN OPERATION: 3

EMPLOYEE ROSTER:

NAME **CURRENT CPR CARD (Y/N)**

NO CHANGES

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.



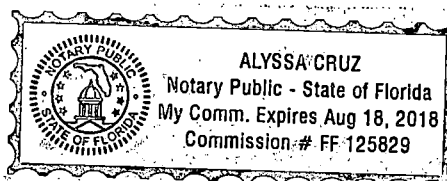
SIGNATURE OF APPLICANT OR REPRESENTATIVE

October 25, 2017
DATE:

NOTARY SEAL



NOTARY SIGNATURE



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that DORSAR PATIENT TRANSPORT LLC
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: November 30, 2017 Date of Expiration: November 30, 2019

40-18 (7/14)

[Signature]
Mayor, Board of County Commissioners

