



Interoffice Memorandum

AGENDA ITEM

December 14, 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
EMS Office of the Medical Director
Contact: (407) 836-7611

SUBJECT: Paratransit Services License
Falck Southeast II Corp d/b/a American Ambulance
Consent Agenda – January 9, 2018

J. G. ...

A handwritten signature in black ink, appearing to be "CCZ", written over the "FROM" line.

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Falck Southeast II Corp d/b/a American Ambulance. Falck Southeast II Corp d/b/a American Ambulance 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 Falck Southeast II Corp d/b/a American Ambulance as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Falck Southeast II Corp d/b/a American Ambulance to provide wheelchair/stretchers service. The term of this license is from January 1, 2018 through January 1, 2020. There is no cost to the County.
(EMS Office of the Medical Director)

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 12-1-2017

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: FALCK SOUTHEAST II Corp ^{c/b/a} American Ambulance

2. BUSINESS ADDRESS (INCLUDE COUNTY):

3747 SILVER STAR ROAD ORLANDO FL 32808
ORANGE COUNTY

3. CONTACT INFORMATION: Name Bob Eberhart

Business Phone 407-822-3700

Mobile Phone 321-436-2232

Email beberhart@AmericanaAmbulanceFL.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: 12/5/17 ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 5

2. EMPLOYEE ROSTER:

NAME

CURRENT CPR CARD (Y/N)

SEE ATTACHED

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]

SIGNATURE OF APPLICANT OR REPRESENTATIVE

12/5/17

DATE:

NOTARY SEAL

[Signature]

NOTARY SIGNATURE

Heather Stonebumer Lavidas
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF105243
Expires 3/23/2018

CRENSHAW	TRAVION	NON MEDICAL	AHA 10/31/2018
JOURDAIN	BLEEKER	NON MEDICAL	AHA 05/31/2019
RANDOLPH	DONALD	NON MEDICAL	AHA 02/28/2019
SENATUS	REGINALD	NON MEDICAL	AHA 07/31/2018
SERVICE	DAMIEN	NON MEDICAL	AHA 02/28/2019

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that FALCK SOUTHEAST II CORP d/b/a AMERICAN AMBULANCE
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: January 1, 2018

Date of Expiration: January 1, 2020

40-18 (7/14)



B. J. Datchanathan
Mayor, Board of County Commissioners