



Interoffice Memorandum

AGENDA ITEM

August 29, 2018

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

THRU: John Goodrich, Acting Director *J. Goodrich*
Health Services Department

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

SUBJECT: Paratransit Services License
Access LYNX
Consent Agenda – September 18, 2018

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

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Access LYNX to provide wheelchair/stretchers service. The term of this license is from October 1, 2018 through October 1, 2020. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachment



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 8/24/18

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Access Lynx
2. BUSINESS ADDRESS (INCLUDE COUNTY):
4950 LB Mcleod Rd. Orlando, FL
32811 (Orange county)
3. CONTACT INFORMATION: Name: Chris York
Business Phone: 407-858-5601
Mobile Phone: 407-473-4083
Email: cyork@mvtransit.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: 156

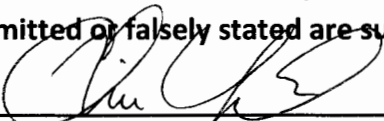
2. EMPLOYEE ROSTER:

NAME

CURRENT CPR CARD (Y/N)

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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.

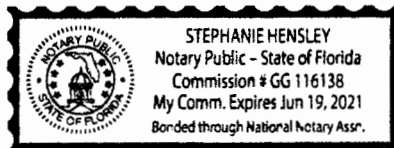


SIGNATURE OF APPLICANT OR REPRESENTATIVE

8-24-18
DATE:

NOTARY SEAL 

NOTARY SIGNATURE



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that ACCESS LYNX
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: October 1, 2018

Date of Expiration: October 1, 2020





Mayor, Board of County Commissioners