Interoffice Memorandum

AGENDA ITEM



September 27, 2018

- TO: Mayor Teresa Jacobs -AND-Board of County Commissioners
- THRU: John Goodrich, Acting Director ປະເພງ Health Services Department
- FROM: Christian C. Zuver, M.D., Medical Director Health Services Department Contact: (407) 836-7611
- SUBJECT: Paratransit Services License ProMotion Transportation Services Inc. Consent Agenda – October 16, 2018

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for ProMotion Transportation Services Inc. ProMotion Transportation Services Inc. has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretcher service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by ProMotion Transportation Services Inc. as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED:

Approval and execution of the renewal Paratransit Services License for ProMotion Transportation Services Inc. to provide wheelchair/stretcher service. The term of this license is from October 31, 2018 through October 31, 2020. There is no cost to the County. (EMS Office of the Medical Director)

CCZ/cf

Attachment



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

	NAME OF SERVICE: Prollation Transportation Services Zve
1.	NAME OF SERVICE: TROMOTION IT ans portation services and
2.	BUSINESS ADDRESS (INCLUDE COUNTY):
	4941 Warsley Dr. Orlando, Fl 32512
3.	CONTACT INFORMATION: Name: Tom Provincia
	Business Phone:
	Mobile Phone: 407 928-7403
	Email: province 365 ebcUsouth not
4.	OWNERSHIP TYPE: APRIVATE CORPORATION GOVERNMENT AGENCY COTHER
	a. If other, please describe:
5.	LEVEL OF SERVICE: WWHEELCHAIR STRETCHER DOTH
6.	PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
	Ves, DATE: July 2018 ENO

1. NUMBER OF VEHICLES IN OPERATION: \underline{L}

2. EMPLOYEE ROSTER:

NAME CURRENT CPR CARD (Y/N) No Durrow

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

DATE:

NOTARY SEAD Notary Public State of Florida ART PU Amanda Persaud NOTARY SIGNATURE My Commission FF 962732 Expires 03/28/2020

GIMM

License Paratransit Services

Orange County Board of County Commissioners Emergency Medical Services

This is to certify that **PROMOTION TRANSPORTATION SERVICES INC.**

has complied with the Orange County Code _______ 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 31, 2018

Date of Expiration: October 31, 2020



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