July 3, 2019

TO:

Mayor Jerry L. Demings

-AND-

Board of County Commissioners

THRU:

Yolanda G. Martinez, EdPhD., PhD., Director,

Health Services Department

FROM:

Christian C. Zuver, M.D., Medical Director

EMS Office of the Medical Director

Contact: (407) 836-7611

SUBJECT:

Paratransit Services License

Rite Way Transportation LLC

Consent Agenda - July 16, 2019

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

ACTION REQUESTED:

Approval and execution of the renewal Paratransit Services License for Rite Way Transportation LLC to provide wheelchair/stretcher service. The term of this license is from August 1, 2019 through August 1, 2021. There is no cost to

the County. (EMS Office of the Medical Director)

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 06 / 20 / 2019

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: RITE WAY TRANSPORTATION LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY): LAKE COUNTY

11245 TUSCARORA LANE, MINNEOLA, FL 34715

3. CONTACT INFORMATION: Name: DANNY CHARRAN

Business Phone: (352) 536 - 4764

Mobile Phone: (352) 536 - 4764

Email: RITEWAYTRAN@YAHOO.COM

4. OWNERSHIP TYPE: □PRIVATE CORPORATION □GOVERNMENT AGENCY ✓OTHER

a. If other, please describe: LIMITED LIABILITY COMPANY (LLC)

5. LEVEL OF SERVICE: □WHEELCHAIR □STRETCHER ✓BOTH

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

✓ YES, DATE: 02/2019 □NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 3

2008 FORD ECONOLINE 350 1FTSS34L88DA78667

2015 FORD TRANSIT 250 1FTNR2CM1FKA10166

2016 FORD TRANSIT 350 1FBAX2CG9GKA24885

2. EMPLOYEE ROSTER:

NAME

CURRENT CPR CARD (Y/N)

October 18, 2022

FATIMA CHARRAN (N), RAMSARAN CHARRAN (N), JAVIER COSME JR (N), NADIA A. CHARRAN SAMSINGH (Y), REINIER S SAMSINGH (N), GREG WALKER (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

DATE:

NOTARY SIGNATURE

Lake County Florida

