Interoffice Memorandum

DATE: February 7, 2013

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

THRU: George Ralls, M.D., Medical Director
Health Services Department
Contact: (407) 836-7611

SUBJECT: Alternative Transportation Service License
Central Med Transportation
Consent Agenda – February 26, 2013

The EMS Office of the Medical Director requests the approval of the Alternative Transportation Service License for Central Med Transportation. Central Med Transportation has submitted the attached application requesting approval of an Alternative Transportation Service 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 Central Med Transportation as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no written objections have been received.

ACTIONS REQUESTED:

Approval of the Alternative Transportation Service License for Central Med Transportation to provide wheelchair/stretcher service. The term of this license is from February 1, 2013 through February 1, 2015. There is no cost to the County. (EMS Office of the Medical Director)

GR/vb

Attachments
cc Linda W. Weinberg, Deputy County Administrator
EMERGENCY MEDICAL SERVICES OFFICE  
PART 1  FOR  
ALTERNATIVE TRANSPORTATION SERVICE  

SECTION I: General Information  

<table>
<thead>
<tr>
<th>TYPE OF PROVIDER</th>
<th>LEVELS OF SERVICE</th>
<th>NUMBER OF VEHICLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Government</td>
<td>□ ALS Transport (Interfacility)</td>
<td></td>
</tr>
<tr>
<td>□ Government</td>
<td>□ ALS Transport</td>
<td></td>
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<tr>
<td>□ Government</td>
<td>□ BLS Transport</td>
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<tr>
<td>□ Government</td>
<td>□ ALS Non-Transport</td>
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<tr>
<td>□ Government</td>
<td>□ BLS Non-Transport</td>
<td></td>
</tr>
<tr>
<td>□ Government</td>
<td>□ ALS Air Transport</td>
<td></td>
</tr>
<tr>
<td>□ Government</td>
<td>□ Alternative Transport Wheelchair</td>
<td></td>
</tr>
<tr>
<td>□ Government</td>
<td>□ Alternative Transport Stretcher</td>
<td></td>
</tr>
<tr>
<td>□ Government</td>
<td>□ Alternative Transport Combination (Wheelchair/Stretcher)</td>
<td></td>
</tr>
</tbody>
</table>

APPLICATION DATE: 11/6/12  

1. Name of Service: Central Med Transportation  

2. Business Address: 1250 Tallow Rd  
County Orange, State Florida, Zip Code: 32703  

3. Business Number: (407) 202-5286, Mobile Number: (407) 902-9109, Fax Number: (407) 203-5286, Email: CMTtransportation18@gmail.com  

4. Type of Ownership (i.e., corporation, private, government or volunteer): Private  

5. List all Officers, Directors, Shareholders and/or Commission Members:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luis E. Correa</td>
<td>1250 Tallow Rd, Apopka, FL 32703</td>
<td></td>
</tr>
<tr>
<td>Yelitza Vilera Rivera</td>
<td>1250 Tallow Rd, Apopka, FL 32703</td>
<td></td>
</tr>
</tbody>
</table>
6. Describe the proposed geographic area or areas to be covered by your service.

7. Statement of facts showing the demand or need for the proposed service; also, a statement showing how you plan to fill this need (i.e., station location, number of units, etc.,).

8. A rate chart, if patient charged for services rendered.

ATTACHMENT I: Complete timetable

ATTACHMENT II: Applicants applying for certification or licensure as a private provider for the first time must complete this attachment. Existing private providers must provide last year's financial statement.

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

[Signature]

THOMAS L DINARDO
Notary Public - State of Florida
Commission # EE 110182

[Notary Seal]
1. Date Vehicles ready for service.  
Plan to be by February or As soon as I get the license.

2. Date staffing completed (75%). N/A

3. Approximate date FCC Radio License will be effective. N/A

4. Date base of operations and unit stations will be established. N/A

5. Proposed date operation will begin.  
Plan to be on February or As soon as we get the license.
ATTACHMENT II

PRIVATE PROVIDER

APPLICATION

1. List previous business experiences, at least five (5) years (Include at least 1 letter of reference)

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

2. List five (5) references personal or business: (Include at least 1 letter of reference)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victor M. Rosa</td>
<td>6001 Towendale Dr, Orlando, FL 32809</td>
<td>(407) 316-8336</td>
</tr>
<tr>
<td>Jude Bien-Aime</td>
<td>2021 Hatton Rd, Ocoee, FL 32783</td>
<td>(407) 610-1356</td>
</tr>
<tr>
<td>Brantley Thomas Jr</td>
<td>12516 Taillon Rd, Ocoee, FL 34762</td>
<td>(407) 458-3672</td>
</tr>
<tr>
<td>Carlos Leon</td>
<td>1250 Viscaya Lake Blvd, Ocoee, FL 34761</td>
<td>(407) 232-1480</td>
</tr>
<tr>
<td>Karen J. Carter</td>
<td>4448 Edgewater Dr, Orlando, FL 32804</td>
<td>(407) 513-3116</td>
</tr>
</tbody>
</table>

3. List five (5) credit references: (Include at least 1 letter of reference)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chase</td>
<td>1 E Main 9 Ocoee, FL 32703</td>
<td>(407) 860-0927</td>
</tr>
<tr>
<td>Fairwinds Credit Union</td>
<td>1621 S Orange Blossom Trail, Ocoee, FL 32703</td>
<td>(407) 884-1061</td>
</tr>
<tr>
<td>Gulf State Credit Union</td>
<td>145 S Highway 92, Maitland, FL 32751</td>
<td>(407) 631-8844</td>
</tr>
<tr>
<td>Discover Credit Card</td>
<td>P.O. Box 32043 Salt Lake City, UT 84130</td>
<td>(1800) 347-2683</td>
</tr>
</tbody>
</table>

4. Please supply a current Financial Statement. (Business)
SECTION II: Certification/Licensure Requirements:

List the address and/or describe the location of your business.

1850 Tallow Rd Opa-locka, FL 33053

2. List all hospitals to which you will normally transport patients.

N/A

3. Number of vehicles equipped with two way radios. _______________

Frequency(s) __ N/A ______________________________

Call Numbers __ N/A ______________________________

4. Please list all hospitals, supervising physicians, and other emergency agencies (police, fire, etc.) that you will have direct radio contact with.

From your vehicle From your base station

N/A N/A

______________________________

______________________________

______________________________

______________________________

______________________________
Provide these items below upon approval of application.

ATTACHMENT I: Personnel roster must be completed by all applicants.

ATTACHMENT II: Vehicle roster - must be completed by all agencies applying for Alternative Transportation Service.

ATTACHMENT III: Proof of insurance (i.e., copy of policy).

I, the undersigned representative of the service named on the application, do hereby attest my service meets all of the requirements for operation of an alternative transportation service in the State of Florida.

I further acknowledge any discrepancies discovered by the inspection will be corrected within thirty days after they are brought to my attention.

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

[Signature]

DATE: 11/6/12

NOTARY SEAL

NOTARY SIGNATURE
License
Alternative Transportation Service

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that ____________________________ has complied with Orange County Code 2001-9 and Rules and Regulations established by the Board of County Commissioners, and is authorized to operate an Alternative Transportation Service in Orange County.

Date of Issue: February 1, 2013
Date of Expiration: February 1, 2015

[Signature]
Mayor, Board of County Commissioners

40-18 (4/06)