



Interoffice Memorandum

AGENDA ITEM

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS

JUL 14 2015 NP/CAS

June 23, 2015

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

FROM: Christopher Hunter, M.D., Ph.D., Director
Health Services Department
Contact: (407) 836-7611

A handwritten signature in black ink, appearing to read "CH", is placed to the right of the "FROM" field.

SUBJECT: Paratransit Services License
Coast To Coast Medical Transportation, Inc.
Consent Agenda – July 14, 2015

The EMS Office of the Medical Director requests the approval of the Paratransit Services License for Coast To Coast Medical Transportation, Inc. Coast To Coast Medical Transportation, Inc. 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 Coast To Coast Medical Transportation, Inc. as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

ACTION REQUESTED: Approval of the Paratransit Services License for Coast To Coast Medical Transportation, Inc. to provide wheelchair/stretchers service. The term of this license is from July 31, 2015 through July 31, 2017. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

Cc: George Ralls, M.D., Deputy County Administrator



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: 4.5-15

PROPOSED DATE OPERATIONS WILL BEGIN: 5.27-15

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: COAST TO COAST MEDICAL Transportation, Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

2350 Vulcan RD APOPKA FL
32708 ORANGE County

3. CONTACT INFORMATION: Business Phone 321 316 8223

Mobile Phone 407 485 2223

Email ndmmir@yahoo.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
<u>NADEEM MR</u>	<u>884 CUTLER RD</u>	<u>(P)</u>
<u>RAZEENA MARWA</u>	<u>884 CUTLER RD</u>	<u>VP</u>

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER

a. If other, please describe: _____

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: 4.24.15 NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____ NO

application, payment of fees and vehicle inspection by the EMS Office must be completed prior to commencing operations. Failure to do so may result in revocation of license.

3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

Business or work references for 5 years, including one letter of reference

Five personal references, including one letter of reference

Five credit references, including one letter of reference

4. FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: 4.24.15 NO

Example: Current letter from bank verifying business account status (no account numbers please).

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 4.24.15 NO

If insurance coverage has not been provided, the insurance provider must obtain insurance coverage and provide certificates of insurance coverage to the county prior to commencing operations. Failure to do so may result in revocation of license.

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>FDL NUMBER</u>	<u>CURRENT CPR C</u>
Alphonso Nelson		
Carlos Ambiorix Mendosa	MAIL	
Myles Nelson	407 234-8577	
Cody Morrow	321-821 6875	

HELP

yes

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of at least one letter of reference from list below is required.

①	MIR Automobile	2350 Vulcan RD	APOPKA	FL - 32779	2007 - 2015
②	MIR Auto Parts	2350 Vulcan RD	APOPKA	FL 32779.	2002 - 2015

2. List five personal or business references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
Aassiya Zahid	7220 Hichery Branch	3213077613
Alphonso Nelson	884 Cutler RD Longwood	4072276879
Dijon Powell	908 Brantley DR Longwood	3213168222
Illich Santos	41438 colonial Grand Blvd	7862696515
Farida MARCUA	2618 Land St Ft worth TX	3213168213

3. List five credit references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
DUKE Enarg	P.O. Box 10041 Charlotte NC	4076291010
B.O.A	P.O. Box - 25118 TAMPA FL	1800.432.1000
LA Fitness	1074 Montgomery Alt Spring	4073048220
Dish Anitaenia.	P.O. Box 7523 VA.	1800.333.3474
T.Mobil inc	300 Silve Star Plaza 3288	4073108000

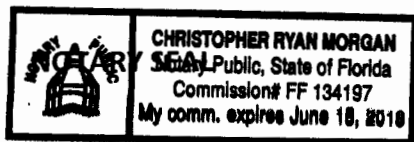


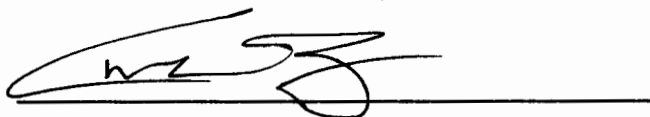
PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

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.


Wadeem magsoud m.r
SIGNATURE OF APPLICANT OR REPRESENTATIVE

5-7-15
DATE




NOTARY SIGNATURE

License Paratransit Services

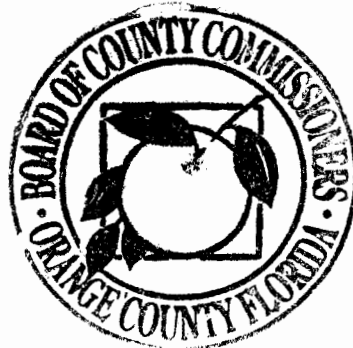
Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that COAST TO COAST MEDICAL TRANSPORTATION, INC.
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: July 31, 2015

Date of Expiration: July 31, 2017

40-18(7/14)



[Signature]

Mayor, Board of County Commissioners