



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", positioned to the right of the "FROM" field.

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

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

The EMS Office of the Medical Director has determined that all requirements have been met by The Preference 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 The Preference Medical Transportation, Inc. to provide wheelchair 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: 04/01/2015

PROPOSED DATE OPERATIONS WILL BEGIN: 05/01/2015

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: The Preference Medical Transportation, Inc.
2. BUSINESS ADDRESS (INCLUDE COUNTY): 5500 Westview Drive Orlando, FL 32810.
(Orange, Seminole, Osceola, Polk, and Hillsborough).
3. CONTACT INFORMATION: Business Phone 321-948-6579
Mobile Phone 321-948-6579
Email wtibo@yahoo.com
4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY
 OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Solange Thibaut</u>	<u>8573 Bowden Way Windermere, FL 34786</u>	<u>President</u>
<u>Wilfrid Thibaut</u>	<u>8573 Bowden Way Windermere, FL 34786</u>	<u>Vice-President</u>

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH
7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER

a. If other, please describe: Fax

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

X YES, DATE: 04/01/2015 NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____ NO

If not completed at the time of 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:

X YES, DATE: 03/01/2015 NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

X YES, DATE: 03/01/2015 NO

If insurance coverage has not been obtained at the time of application the 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 CARD (Y/N)</u>
Wilfrid Thibaut	██████████	Yes
Solange Thibaut	██████████	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.

The Preference Group Home Agency (2004-present)
Crossroads Apartments (2001-2006)

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

NAME	ADDRESS	PHONE
Elizabeth Dale	1675 lakemont Ave, # 307 Orlando, FL 32814	407-318-4462
Arthur R. Crespo	4062 Lemon Ave, SE/Highland City, FL 33846	321-945-7158
Rainbow Charitable Services Church	300 Bruton Blvd, Orlando, Florida 32806	407-267-6292
City of Orlando Mayor Buddy Dyer	400 South Orange Ave, Orlando, FL 32802	407-246-2221
City of Orlando Commissioner District 6 Ernest Page	Kirkman Road, Orlando, FL 32811	407-246-2006

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

NAME	ADDRESS	PHONE
Chase Bank	801 Deauville Drive, Orlando, FL 32808	407-253-4971
SunTrust Bank	4582 South Kirman Road, Orlando, FL 32811	321-354-0612

Discovery	P.O. Box 30943 Salt Lake City, UT 84130-094	1-800-347-2683
American Express	P.O. Box 360001 Fort Lauderdale, FL 33336-0001	1-888-391-9971
Chase Credit	P.O. Box 15153 Wilmington, DE19886-5153	1-800-945-2028



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.



SIGNATURE OF APPLICANT OR REPRESENTATIVE

03/23/15
DATE

NOTARY SEAL





NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that THE PREFERNCE 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)



Arti Kachandani

Mayor, Board of County Commissioners