



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

SUBJECT: Paratransit Services License
Rite Way Transportation, LLC
Consent Agenda – July 14, 2015

The EMS Office of the Medical Director requests the approval of the 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/stretchers 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. The public notice has been posted for this request and no objection has been received.

ACTION REQUESTED: Approval of the Paratransit Services License for Rite Way Transportation, LLC to provide wheelchair/stretchers service. The term of this license is from August 1, 2015 through August 1, 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



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 6/9/15

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: RITE WAY TRANSPORTATION, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

11245 TUSCARORA LANE Minneola FL
34715

3. CONTACT INFORMATION: Name FATIMA CHARRAN

Business Phone (352) 516-8229

Mobile Phone (352) 536-4764

Email ~~RITE WAYTRAN~~ ritewaytran@yahoo.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

5. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 6/9/15 NO

SECTION II: 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>
RAMSARAN CHARRAN	[REDACTED]	(N)
FATIMA CHARRAN	[REDACTED]	(N)
RANIER SAMSINGH	[REDACTED]	(N)
ANGEL RODRIGUEZ	[REDACTED]	(Y)

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.

Ramsaran Charran
SIGNATURE OF APPLICANT OR REPRESENTATIVE

6/10/2015
DATE:

NOTARY SEAL
[Signature]
NOTARY SIGNATURE



Erica Mejias
State of Florida
My Commission Expires 01/08/2018
Commission No. FF 81838

License Paratransit Services

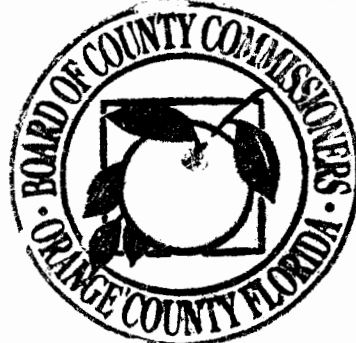
Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that RITE WAY TRANSPORTATION, LLC
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: August 1, 2015

Date of Expiration: August 1, 2017

40-18 (7/14)





Mayor, Board of County Commissioners