



## Interoffice Memorandum

APPROVED BY ORANGE  
COUNTY BOARD OF COUNTY  
COMMISSIONERS

**AGENDA ITEM**

BCC Mtg. Date: March 15, 2016

March 3, 2016

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 be "CH", written over the printed name of Christopher Hunter.

SUBJECT: Paratransit Services License  
Reliable Non-Emergency Medical Transportation  
**Consent Agenda – March 15, 2016**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Reliable Non-Emergency Medical Transportation. Reliable Non-Emergency Medical Transportation 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 Reliable Non-Emergency Medical Transportation 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 and execution of the Paratransit Services License for Reliable Non-Emergency Medical Transportation to provide wheelchair/stretchers service. The term of this license is from March 31, 2016 through March 31, 2018. 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: 10/22/2015**

**PROPOSED DATE OPERATIONS WILL BEGIN: AS SOON AS PERMIT IS APPROVED**

**SECTION I: GENERAL INFORMATION**

**1. NAME OF SERVICE: Reliable Non-Emergency Medical Transportation**

**2. BUSINESS ADDRESS (INCLUDE COUNTY):**

**1125 Shallcross Avenue, Orlando, Florida 32828**

**3. CONTACT INFORMATION: Business Phone: 407-613-6368**

**Mobile Phone: 407—234-5419**

**Email: reliablemedtransport@gmail.com**

**4. OWNERSHIP TYPE: PRIVATE CORPORATION**

**5. CORPORATE OFFICERS AND DIRECTORS:**

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
RICHARD KAIRA	1125 SHALLCROSS AVE, ORLANDO, FL 32828	OWNER

**6. LEVEL OF SERVICE: 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: 10/26/15  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.

**2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:**

YES, DATE: \_\_\_\_\_  NO

**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: 11/16/15  NO

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

**5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:**

YES, DATE: 11/4/15  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: 1****2. EMPLOYEE ROSTER:**

<u>NAME</u>	<u>FDL NUMBER</u>	<u>CURRENT CPR CARD (Y/N)</u>
RICHARD KAIRA	ATTACHED	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.

HCR-MANORCARE OF WINTER PARK	11/01/2003 TO CURRENT
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2. List five personal or business references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
DAWNA DAWSON	2610 WEMBLEYCROSS WAY, ORLANDO, FL 32828	708-220-6825
EHIMEN SEDENU	2075 LOCH LOMOND DR. WINTER PARK, FL 32792	321-418-4388
SARAH FALK	1619 BRIERCLIFF DR, ORLANDO, FLORIDA 32806	407-312-4360
JAZMIN LASALLE	452 KEHOE BLVD, ORLANDO, FLORIDA 32825	407-486-2997
DEBBIE NEWCOMBE	2075 LOCH LOMOND DR, WINTER PARK, FL 32792	407-497-9807


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

NAME	ADDRESS	PHONE
MCCOY FEDERAL CREDIT UNION	1900 MCCOY ROAD, ORLANDO, FLORIDA 32809	407-855-5452
MCCALEB-METZLER INSURANCE	35615 BELLE HAVEN RD, P.O. BOX 265 BELLE HAVEN, VA 23306	1-757-442-6187
WELLSFARGO BANK	420 Montgomery Street San Francisco, CA 94104	1-800-869-3557
BBT BANK	200 West Second Street. Winston-Salem, NC 27101.	1-800-226-5228
BANK OF AMERICA	100 North Tryon St Charlotte, North Carolina 28202	1-888-550-6433



**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.

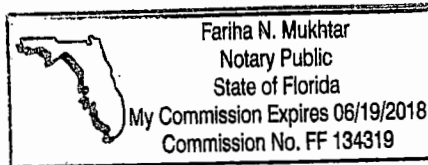
  
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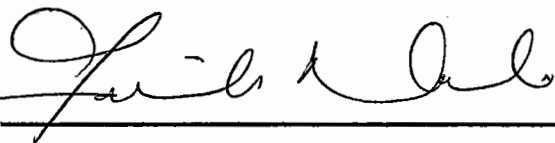
**SIGNATURE OF APPLICANT OR REPRESENTATIVE**

  
\_\_\_\_\_

**DATE**

**NOTARY SEAL**



  
\_\_\_\_\_

**NOTARY SIGNATURE**

# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that **RELIABLE NON-EMERGENCY MEDICAL TRANSPORTATION**  
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: **March 31, 2016**

Date of Expiration: **March 31, 2018**

40-18 (7/14)

*[Signature]*  
\_\_\_\_\_  
Mayor, Board of County Commissioners

