



## Interoffice Memorandum

**AGENDA ITEM**

APPROVED BY ORANGE  
COUNTY BOARD OF COUNTY  
COMMISSIONERS

BCC Mtg. Date: Jun. 28, 2016

June 9, 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 read "CH", is positioned to the right of the "FROM" field.

SUBJECT: Paratransit Services License  
Pinar Transportation Inc  
**Consent Agenda – June 28, 2016**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Pinar Transportation Inc. Pinar 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 Pinar 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 and execution of the Paratransit Services License for Pinar Transportation Inc to provide wheelchair/stretchers service. The term of this license is from July 1, 2016 through July 1, 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: 4/10/2016

PROPOSED DATE OPERATIONS WILL BEGIN: 7/1/2016

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: PINAR TRANSPORTATION INC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

8034 EXCALIBUR CT ORLANDO FL 32822

CONTACT INFORMATION: Business Phone (407) 285-4827

Mobile Phone (407) 285-4827

Email Pinartransportation@gmail.com

4. OWNERSHIP TYPE:  PRIVATE CORPORATION  GOVERNMENT AGENCY  OTHER

If other, please describe:

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
ESTHER ALFONSO	8054 EXACLIBUR CT	PRESIDENT

6. LEVEL OF SERVICE:  WHEELCHAIR  STRETCHER  BOTH

7. COMMUNICATIONS EQUIPMENT:  TELEPHONE  TWO-WAY RADIO  OTHER

If other, please describe:

**SECTION II: REQUISITES TO OBTAINING LICENSE**

**1. PAYMENT OF ALL APPLICABLE FEES:**

YES, DATE:  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:**

YES, DATE:  NO

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

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

YES, DATE:  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**

**NUMBER OF VEHICLES IN OPERATION: 2**

**2. EMPLOYEE ROSTER:**

NAME	FDL NUMBER	CURRENT CPR CARD	
		YES	NO
N/A SEE ATTACHED		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>

## ATTACHMENT I: REFERENCES

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

MA Alternative Transport Services	Ariel Malagon	2015-Present
All Pc and TV Repair	Miguel Leyva	2013-2015
Central Canal Co	Judith Valdez	2007-2013
Wal Mart Neighborhood	Cita Perez	2005-2007

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
Yalma Acosta	2504 River Ridge Dr Orlando FL 32825	352-426-0882
Ivette Flores	4859 Walden Cir Orlando FL 32811	407-782-5201
Luandys Vazquez	7625 High Meadow Cir Orlando FL 32822	321-442-6101
Judith Valdez	5030 SW 115 Ave Miami FL 33165	786-387-3114
Esther Boroniel	15251 SW 18 <sup>th</sup> Lane Miami FL 33185	305-746-1888

3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
MA Alternative Trans	5266 Hoffner Ave Orlando FL 32812	321-946-5742
All Pc and TV repair	7101 E Colonial Dr Orlando FL 32807	407-376-3564
Nissan Motor Accept	P.O Box Irving Texas 75063	407-381-9091
The Beeper Wireless Outlet	490 N Semoran Blvd Orlando FL 32807	800-456-6622
Cristobal Cuevas Signs	8002 E Colonial Dr Orlando FL 32807	407-463-6635



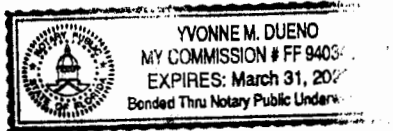
**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

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 service 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

\_\_\_\_\_  
DATE 4/12/2016

NOTARY SEAL



\_\_\_\_\_  
NOTARY SIGNATURE

# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that PINAR 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 1, 2016 Date of Expiration: July 1, 2018

40-18(7/14)

*Arin Dahanandan*  
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Mayor, Board of County Commissioners  
*tu*

