



Interoffice Memorandum

APPROVED BY ORANGE
COUNTY BOARD OF COUNTY
COMMISSIONERS

AGENDA ITEM

BCC Mtg. Date: July 12, 2016

June 23, 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

SUBJECT: Paratransit Service License
Mid-Florida Patient Transport, Inc.
Consent Agenda – July 12, 2016

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

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Mid-Florida Patient Transport, Inc. Mid-Florida Patient Transport, 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 Mid-Florida Patient Transport, Inc. as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Mid-Florida Patient Transport, Inc., to provide wheelchair/stretchers service. The term of this License is from July 31, 2016 through July 31, 2018. There is no cost to the County.
(EMS Office of the Medical Director)

CH/cf

Attachments

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

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that MID- FLORIDA PATIENT TRANSPORT, 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, 2016 Date of Expiration: July 31, 2018

40-18 (7/14)



Art Lalumanda

Mayor, Board of County Commissioners



RENEWAL PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: JUNE 17, 2016

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: MID-FLORIDA PATIENT TRANSPORT, INC.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

101 Forest Park Ct., Longwood, FL 32779 *SEMINOLE COUNTY*

3. CONTACT INFORMATION: Name KEVIN G. SMITH

Business Phone 407-862-4227

Mobile Phone 407-312-0105

Email ksmith7544@gmail.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: ALREADY ON FILE NO

SECTION II: 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>
<u>KEVIN G. SMITH</u>	Driver's License Numbers are confidential pursuant to Federal Driver's Privacy Protection Act- 18 U.S.C. ss. 2721 et seq	<u>YES.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

Kevin G. Smith
SIGNATURE OF APPLICANT OR REPRESENTATIVE

June 21, 2016
DATE:

NOTARY SEAL Cynthia Lee Freycenet
NOTARY SIGNATURE

 Cynthia Lee Freycenet
Notary Public
State of Florida
MY COMMISSION # EE 209867
Expires: August 7, 2016