



## Interoffice Memorandum

AGENDA ITEM

APPROVED BY ORANGE  
COUNTY BOARD OF COUNTY  
COMMISSIONERS

BCC Mtg. Date: September 20, 2016

August 29, 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 "C. Hunter".

SUBJECT: Paratransit Services License  
Access Lynx  
**Consent Agenda – September 20, 2016**

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Access Lynx. Access Lynx 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 Access Lynx as contained in Orange County Ordinance 2001-09.

**ACTION REQUESTED:** Approval and execution of the renewal Paratransit Services License for Access Lynx to provide wheelchair/stretchers service. The term of this License is from October 1, 2016 through October 1, 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



**RENEWAL PARATRANSIT SERVICES:**

**APPLICATION FOR LICENSE**

APPLICATION DATE: 8-22-16

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: Access Lynx

2. BUSINESS ADDRESS (INCLUDE COUNTY):  
4950 LB McLeod Rd  
Orlando FL 32811 - Orange County

3. CONTACT INFORMATION: Name Chris York  
Business Phone 407-851-8201 ext 140  
Mobile Phone 571-244-2236  
Email CYork@mvtransit.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: Attached Copy  NO

**SECTION II: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 156

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>Attached</u>	<u>N</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.

[Signature]  
SIGNATURE OF APPLICANT OR REPRESENTATIVE

8-26-16  
DATE:

NOTARY SEAL  
[Signature]  
NOTARY SIGNATURE



# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that ACCESS LYNX  
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: October 1, 2016 Date of Expiration: October 1, 2018

40-18 (7/14)

  
\_\_\_\_\_  
Mayor, Board of County Commissioners

