



Interoffice Memorandum

AGENDA ITEM

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS
AUG 19 2014 NP/KH

August 6, 2014

TO: Mayor Teresa Jacobs
-AND-
Board of County Commissioners

FROM: Christopher Hunter, M.D., Ph.D., Acting Director
Health Services Department
Contact: 407-836-7611

A handwritten signature in black ink, appearing to read "C. Hunter", written over the printed name of Christopher Hunter.

SUBJECT: Paratransit Services License
Promotion Transportation Services, Inc.
Consent Agenda – August 19, 2014

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

ACTION REQUESTED: Approval of the renewal Paratransit Services License for Promotion Transportation Services, Inc. to provide wheelchair/stretchers service. The term of this License is from September 1, 2014 through September 1, 2016. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

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

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that PROMOTION TRANSPORTATION SERVICES, 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: September 1, 2014 Date of Expiration: September 1, 2016



40-18 (7/14)

[Signature]

Mayor, Board of County Commissioners



RENEWAL ALTERNATIVE TRANSPORT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: July 12 2014

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Promotion Transportation Services, Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

4941 Wansley Dr. Orlando, FL 32812

3. CONTACT INFORMATION:

Name Tom Province

Business Phone 407-306-0366

Mobile Phone 407-928-7403

Email Province365@bellsouth.net

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: July 1 2014 NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 3

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>FDL NUMBER</u>	<u>CURRENT CPR CARD (Y/N)</u>
Thomas Province	[REDACTED]	Y
Eric Queiroz	[REDACTED]	Y
Roger Ortigueira	[REDACTED]	Y
Jeffery Durrant	[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 an alternative transportation 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.

Thomas Province Thomas Province

SIGNATURE OF APPLICANT OR REPRESENTATIVE

July 15 2014
DATE:

[Signature]
NOTARY SIGNATURE

