



Interoffice Memorandum

AGENDA ITEM

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS
JAN 27 2015 NP/KH

January 27, 2015

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", located to the right of the "FROM" field.

SUBJECT: Paratransit Service License
BeSafe Transportation
Consent Agenda – January 27, 2015

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Service License for BeSafe Transportation. BeSafe Transportation has submitted the attached application requesting approval of a Paratransit Service 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 BeSafe Transportation as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval of the renewal Paratransit Service License for BeSafe Transportation to provide wheelchair/stretchers service. The term of this License is from February 1, 2015 through February 1, 2017. There is no cost to the County.
(EMS Office of the Medical Director)

CH/cf

Attachments

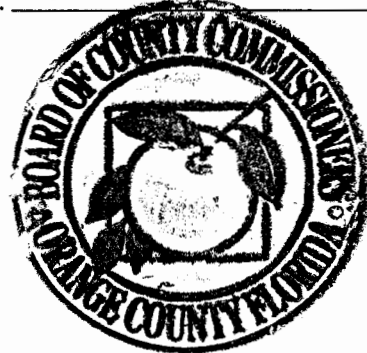
Cc: George A. Ralls, M.D., Deputy County Administrator

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that BESAFE 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: February 1, 2015 Date of Expiration: February 1, 2017



40-18 (7/14)



Mayor, Board of County Commissioners



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: Jan. 7, 2015

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: DESARE TRANSPORTATION

2. BUSINESS ADDRESS (INCLUDE COUNTY):
2605 WEMBLEY CROSS WAY (ORANGE COUNTY)
ORLANDO, FLORIDA 32828

3. CONTACT INFORMATION: Name MONTY AND CECILE NABONG
Business Phone 407-275-5344
Mobile Phone 407-810-1585
Email cecilenabong@msn.com
montyenabong@yahoo.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: 1/7/15 NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 5

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>FDL NUMBER</u>	<u>CURRENT CPR CARD (Y/N)</u>
WARREN GOPEZ	[REDACTED]	Y
KEVIN McBERN	[REDACTED]	Y
RODOLFO MUNDZ	[REDACTED]	Y
ROSSANO NABONG	[REDACTED]	Y
RAYMUNDO RIRAN	[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 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.

Archie Trabmy
 SIGNATURE OF APPLICANT OR REPRESENTATIVE

1/7/15
 DATE:

NOTARY SEAL
[Signature]
 NOTARY SIGNATURE

