



Interoffice Memorandum

AGENDA ITEM

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS
FEB 24 2015 CSBS

February 11, 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", written over the printed name of Christopher Hunter.

SUBJECT: Paratransit Service License
MA Alternative Transport Services Inc.
Consent Agenda – February 24, 2015

The EMS Office of the Medical Director requests the approval of the Paratransit Service License for MA Alternative Transport Services Inc. 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 MA Alternative Transport Services 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 of the Paratransit Services License for MA Alternative Transport Services Inc. to provide wheelchair/stretchers service. The term of this license is from March 1, 2015 through March 1, 2017. 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: Nov. 17, 2014

PROPOSED DATE OPERATIONS WILL BEGIN: Dec. 1st 2014

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE:

MA Alternative Transport Services Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

8054 Excalibur ~~Dr~~ Ct.
Orlando, FL. 32822 Orange County

3. CONTACT INFORMATION: Business Phone

407-704-2175

Mobile Phone 321-946-5742

Email MAwheelchair@gmail.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Ariel Malagon</u>	<u>8054 Excalibur Ct.</u>	<u>President</u>

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER

a. If other, please describe: _____

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: 11/17/2014

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.

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____

NO

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: 11/12/14

NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 11/1/2015

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

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>Ariel Malagon</u>	<u>[REDACTED]</u>	<u>yes</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTACHMENT I: REFERENCES

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

Waste Management	9/14/2011 - 6/1/2014
KM Recovery Auto Transport	9/2008 - 8/2011

2. List five personal or business references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
* LogistiCare	8600 NW 36st. #600 Miami FL.	8006988457
* Yaima Acosta	9609 Pacific Pines Ct Orlando FL.	3524260882
Jose Mestre	9351 SW 55 St. Miami FL.	33165 7864138021
Esther M. Alfonso	8034 Excalibur Ct. Orlando FL.	4072854827
Nestor Rodriguez	2655 NE 127 th Ave. Anthony FL.	3525121548

3. List five credit references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
* Space Coast	P.O. Box 419001 Melbourne FL.	800-447-7228
Kohl's	P.O. Box 2983 Milwaukee WI	1800 564 5740
* All PC Repair	7224 W. Colonial Dr. Orlando	407-376-3564
Miranda Recovery Auto transport	9843 mountain lake DR. Orlando FL.	407 3256011
Quick P.C. Repair	3900 S. Goldenrod Orlando FL.	407-381-9851



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

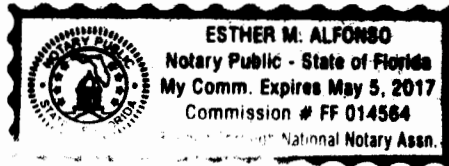
I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of a paratransit services in Orange County and 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 OF APPLICANT OR REPRESENTATIVE

Nov. 17, 2014

DATE

NOTARY SEAL



NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that MA ALTERNATIVE TRANSPORT 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: March 1, 2015 Date of Expiration: March 1, 2017

40-18 (7/14)



Mayor, Board of County Commissioners

