



Interoffice Memorandum

AGENDA ITEM

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS

JUN 02 2015 CSBS

May 14, 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 read "CH", positioned to the right of the "FROM" field.

SUBJECT: Paratransit Service License
Rural Metro Ambulance
Consent Agenda – June 2, 2015

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

ACTION REQUESTED: Approval of the renewal Paratransit Services License for Rural Metro Ambulance to provide wheelchair/stretchers service. The term of this License is from June 1, 2015 through June 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



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 4/29/15

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Rural Metro Ambulance

2. BUSINESS ADDRESS (INCLUDE COUNTY):
4728 Old Winter Garden Rd. Oralndo, FL 32811

3. CONTACT INFORMATION: Name Lawrence Marshall
Business Phone 407-578-3601
Mobile Phone _____
Email larry.marshall@rmetro.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: 4/29/2015 NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>FDL NUMBER</u>	<u>CURRENT CPR CARD (Y/N)</u>
Zachary Crutchfeild	[REDACTED]	Y
Craig Roles	[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.

Lawrence S. Marshall
SIGNATURE OF APPLICANT OR REPRESENTATIVE

4-30-2015
DATE:

NOTARY SEAL
Brandon M. Mullen
NOTARY SIGNATURE



State of Florida, County of Seminole
The foregoing instrument was Acknowledged
before me on this 30 Day of April 2015
By Lawrence S. Marshall
Who is personally known to me or who has
produced [REDACTED] as identification
(Type of Identification)
and who (did) (did not) take an oath
Brandon M. Mullen
(Signature of Notary Official)
Brandon M. Mullen
(Typed, Printed or Stamped Name of Notary Official)

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that RURAL METRO AMBUALNCE
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: June 1, 2015 Date of Expiration: June 1, 2017

40-18 (7/14)

[Signature]
Mayor, Board of County Commissioners

