



Interoffice Memorandum

AGENDA ITEM

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS
NOV 03 2015 NP/AS

October 15, 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 "Tom Jacobs", written over the "FROM" field.

SUBJECT: Paratransit Service License
DORSAR PATIENT TRANSPORT LLC
Consent Agenda – November 3, 2015

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

ACTION REQUESTED: Approval of the renewal Paratransit Services License for DORSAR PATIENT TRANSPORT LLC to provide wheelchair/stretchers service. The term of this License is from November 30, 2015 through November 30, 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: OCTOBER 2, 2015

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: DORSAR PATIENT TRANSPORT LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

8810 COMMODITY CIRCLE 9, ORLANDO FLORIDA 32819

ORANGE COUNTY

3. CONTACT INFORMATION: Name PAUL ROWE

Business Phone 407-897-6839

Mobile Phone _____

Email DORSARPATIENTTRANSPORT@GMAIL.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: JUNE 5, 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>
PAUL ROWE		Y
Driver's License Numbers are confidential pursuant to Federal Driver's Privacy Protection Act- 18 U.S.C. ss. 2721 et seq.		

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

10/8/15
DATE:

NOTARY SEAL
Heather Wood
NOTARY SIGNATURE



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that DORSAR PATIENT TRANSPORT LLC
has complied with the Orange County Code 2001 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: November 30, 2015 Date of Expiration: November 30, 2017

40-18 (7/14)

[Signature]
Mayor, Board of County Commissioners

