

## PARATRANSIT SERVICES: APPLICATION FOR LICENSE

APPLICATION DATE:				
PROPOSED DATE OPERATIONS WILL BEGIN:				
SECTION I: GENERAL INFORMATION				
1. NAME OF SERVICE:				
2. BUSINESS ADDRESS (INCLUDE COUNTY):				
3. CONTACT INFORMATION: Business Phone				
Mobile Phone				
Email				
4. OWNERSHIP TYPE: □PRIVATE CORPORATION □GOVERNMENT AGENCY □OTHER				
a. If other, please describe:				
5. CORPORATE OFFICERS AND DIRECTORS:				
NAME ADDRESS POSITION				
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:	□NO	
2.	2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:		
	☐ YES, DATE:	□NO	
3.	REFERENCES/LETTERS OF SUPPORT SUBMI	TTED TO EMS OFFICE (Attachment I):	
	☐ Verifiable business or work reference	ces for 5 years, including one notarized	
	☐ Five verifiable personal/business re reference	ferences, including two notarized letters of	
	☐ Five verifiable credit references, inc	luding two notarized letters of reference	
4.	CURRENT NOTARIZED FINANCIAL STATEME	ENT SUBMITTED TO EMS OFFICE:	
	☐ YES, DATE:	□NO	
	Example: Current letter from bank verifying numbers please).	g business account status (no account	
5.	PROOF OF INSURANCE SUBMITTED TO EMS	S OFFICE:	
	☐ YES, DATE:	□no	
SECTI	ON III: VEHICLES AND STAFFING		
1.	NUMBER OF VEHICLES IN OPERATION:		
2.	EMPLOYEE ROSTER:		
	<u>NAME</u>	CURRENT CPR CARD (Y/N)	

## **ATTACHMENT I: REFERENCES**

List previous busin     one notarized lette	Submission of	
List five personal or reference from list	r business references. Submission of two notarize below is required.	d letters of
NAME	ADDRESS	PHONE
3. List five credit refe below is required.	rences. Submission of two notarized letters of ref	erence from list
NAME	ADDRESS	PHONE



## 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
DATE	
NOTARY SEAL	
NOTARY SIGNATURE	