

RECEIVED



RENEWAL PARATRANSIT SERVICES:

DATE: 3/4/25
INITIALS: [Signature]

APPLICATION FOR LICENSE

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: BrightStart Pediatrics, LLC
* Subcontracting under Kert, LLC
2. BUSINESS ADDRESS (INCLUDE COUNTY): 12377 S. Orange Blossom Trail, Orlando 32837
3. CONTACT INFORMATION: Name: Linda Brown
Business Phone: 407-857-1212
Mobile Phone: 407-461-2312
Email: Lbrown@brightstartpeds.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: Expires 03/15/2025 ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 3
2. EMPLOYEE ROSTER:

NAME See Attached

CURRENT CPR CARD (Y/N)

Provided to EMS Office

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

2/4/2025
DATE:

NOTARY SEAL

NOTARY SIGNATURE



*Driver's
License*