



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED

APPLICATION DATE:

DATE: 5/13/24
INITIALS: [Signature]

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: GA TRANSPORTS N.E.M.T LLC
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): 1950 LEE ROAD Ste 114 WINTER PARK FL 32789
- 3. CONTACT INFORMATION: Name: Nakia Starker
Business Phone: 866-262-4835
Mobile Phone: 407-844-5840 _____
Email: SLAVARIO@GATRANSPORTS.ORG

2. OWNERSHIP TYPE: X PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

3. LEVEL OF SERVICE: WHEELCHAIR STRETCHER X BOTH

4. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

X YES, DATE: Expires 06/30/24 NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2

2. EMPLOYEE ROSTER: 2

NAME Nakia Starker Slavario M Hollinger

CURRENT CPR CARD (Y/N) YES

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 the requirements for

operation of 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.

Slavario Hollinger

SIGNATURE OF APPLICANT OR REPRESENTATIVE

May 07, 2024
DATE:

NOTARY SEAL



SONYA ADAMS
Notary Public
State of Florida
Comm# HH142390
Expires 6/14/2025

NOTARY SIGNATURE

[Handwritten Signature]