



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED

DATE: 7/8/2025
INITIALS: [Signature]

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** JWFL Transportation DBA DDJ Transportation
2. **BUSINESS ADDRESS (INCLUDE COUNTY):** 2281 Lee Road Suite 103
3. **CONTACT INFORMATION:** **Name:** Ramon Solano
Business Phone: 407-713-4690
Mobile Phone: _____
Email: manager@ddjtransport.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 _____ ☐ NO

SECTION II: VEHICLES AND STAFFING

1. **NUMBER OF VEHICLES IN OPERATION:** 8
2. **EMPLOYEE ROSTER:** Attached

NAME

CURRENT CPR CARD (Y/N)

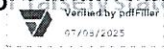
Provided to EMS Office

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.

Ramon Solano
SIGNATURE OF APPLICANT OR REPRESENTATIVE



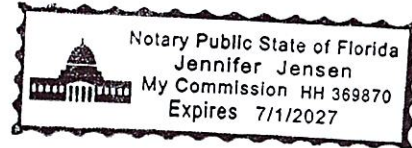
[Signature]

07/8/25
DATE:

NOTARY SEAL

NOTARY SIGNATURE

[Signature]
J. Jensen



Driver's license