



## RENEWAL PARATRANSIT SERVICES:

### APPLICATION FOR LICENSE

RECEIVED

DATE: 6/13/25  
INITIALS: [Signature]

APPLICATION DATE: 6/12/2025

#### SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: A1 NONEMERGENCY TRANSPORTATION INC
2. BUSINESS ADDRESS (INCLUDE COUNTY): 1851 SPARKLING WATER CIR  
OCOE, FL 34761
3. CONTACT INFORMATION: Name: SAMUEL OFORI  
Business Phone: (407)535-1795  
Mobile Phone: (305)218-6275  
Email: SOFORI@A1NEMTRANSPORT.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 6/14/2025 ☐ NO

#### SECTION II: VEHICLES AND STAFFING

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

NAME SAMUEL Ofori

CURRENT CPR CARD Y/N (Y)

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

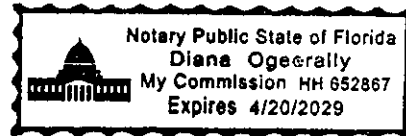
operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falselystated are sub ect to revocation.

**SIGNATURE OF APPLICANT OR REPRESENTATIVE**



**DATE:** 6-13-2025

**NOTARY SEAL**



**NOTARY SIGNATURE**

