



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED

DATE: 2/12/20

INITIALS: [Signature]

APPLICATION DATE: 2/9/26

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: Faithful Mobility Transport LLC
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): 1060 Woodcock Rd Orlando FL 32803
- 3. CONTACT INFORMATION: Name: Rudolph Francois
Business Phone: 407 456 3242
Mobile Phone: 407 269 3200
Email: rodolph24@gmail.com
- 4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
a. If other, please describe: NEMT
- 5. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH
- 6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
 YES, DATE: Expires 2/9/26 NO

SECTION II: VEHICLES AND STAFFING

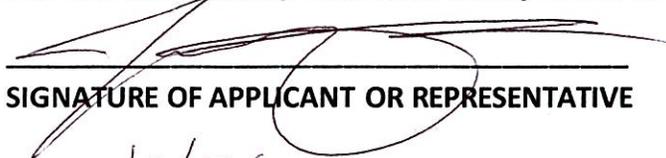
- 1. NUMBER OF VEHICLES IN OPERATION: 9
- 2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
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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

2/9/26

DATE:

NOTARY SEAL

NOTARY SIGNATURE
