



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

RECEIVED

DATE: 7/10/25

INITIALS: SD

APPLICATION DATE: 7/10/2025

PROPOSED DATE OPERATIONS WILL BEGIN: ASAP

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Global-Aid Transportation

2. BUSINESS ADDRESS (INCLUDE COUNTY):

2014 Jessamine Ct, Deltona, FL, 32738
Volusia County

3. CONTACT INFORMATION: Business Phone (386) 960-4455

Mobile Phone (407) 708-8793

Email globalaidtransport@gmail.com

4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☒ OTHER

a. If other, please describe: Private / LLC

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Steven Jones</u>	<u>2014 Jessamine Ct, Deltona</u>	<u>CEO</u>

6. LEVEL OF SERVICE: ☐ WHEELCHAIR ☐ STRETCHER ☒ BOTH

7. COMMUNICATIONS EQUIPMENT: ☒ TELEPHONE ☐ TWO-WAY RADIO ☐ OTHER

a. If other, please describe: _____

SECTION II: REQUISITES TO OBTAINING LICENSE**1. PAYMENT OF ALL APPLICABLE FEES:**

☐ YES, DATE: _____ ☐ NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

☐ YES, DATE: _____ ☐ NO

3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

- ☐ Verifiable business or work references for 5 years, including one notarized letter of reference
- ☐ Five verifiable personal/business references, including two notarized letters of reference
- ☐ Five verifiable credit references, including two notarized letters of reference

4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

☐ YES, DATE: _____ ☐ NO

Example: Current letter from bank verifying business account status (no account numbers please).

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

☐ YES, DATE: _____ ☐ NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 8

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Jerry, Bartee (No), Timothy Cambridge (No), Clifton Diaz (No)	
Victor Figueroa (No), Robert Valenzuela (No), Efrain	
Velazquez (No), Leonard Wallery (No), Zuleika Paredes (No)	

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of one notarized letter of reference from list below is required.

Global-Aid Transportation (Almost 10 years)

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
Abigail Floyd	abigailf@sccu.com 2690 Enterprise Rd, Orange City	(321) 752-2222 (9) Ext 6365
Miriam Nsheiwat	miriam.nsheiwat97@gmail.com 2690 Enterprise Rd, Orange City	(386) 785-4684
Ashley Hancock	ashleyh@sccu.com 2690 Enterprise Rd, Orange City	(321) 752-2222 (9) Ext 6365
Christina Barroso	christinabarroso93@gmail.com 2690 Enterprise Rd, Orange City	(321) 752-2222 (9) Ext 6365
Maria Ortega	manguaim2@gmail.com 2690 Enterprise Rd, Orange City	(407)-288-2104

3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
Space Coast	2690 Enterprise Rd, Orange City	(321) 752-2222 (9) Ext 6365
Brown & Brown Insur	1661 Worthington Road, Suite 175 West Palm Beach, FL, 33409	(561) 688-5066
Biberk Insur	1314 Douglas St, #1400 Omaha, NE 68102	1-844-472-0967
Westlake Financial	P.O. Box 76809, Los Angeles, CA 90076-0809	(888) 739-9192
Grasshopper	197 1st Avenue Needham, MA	(800) 820-8210 1-617-395-5700



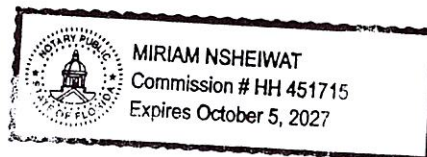
PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

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

DATE

NOTARY SEAL



NOTARY SIGNATURE