ORANGE COUNTY GOVERNMENT FLORIDA

PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED
DATE: 3/10/2025
INITIALS:

APPLICATION DATE: _____

PROPOSED DATE OPERATIONS WILL BEGIN: 03/01/2025

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** Navarre Corporation

2. **BUSINESS ADDRESS (INCLUDE COUNTY):**

   3102 West End Ave, Suite 450
   Nashville, TN, 37203

3. **CONTACT INFORMATION:** **Business Phone** (888) 551-0330

   Mobile Phone (229) 328-9182

   Email tyler.pinson@navarrecorp.com

4. **OWNERSHIP TYPE:** ☑PRIVATE CORPORATION ☐GOVERNMENT AGENCY ☐OTHER

   a. **If other, please describe:** _____

5. **CORPORATE OFFICERS AND DIRECTORS:**

NAME	ADDRESS	POSITION
Tyler Pinson	3102 West End Ave	CEO
	Suite 450	
	Nashville TN 37203	

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:** 65

2. **EMPLOYEE ROSTER:**

NAME	CURRENT CPR CARD (Y/N)
Attached Roster and Certs.	Y

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.**

Department of Veterans Affairs - Orlando (Special Mode Transportation: NEMT)
Department of Veterans Affairs - New Orleans (Special Mode Transportation: NEMT)
Department of Veterans Affairs - Nashville (Special Mode Transportation: NEMT)
Department of Veterans Affairs - Atlanta (Special Mode Transportation: NEMT)
Department of Veterans Affairs - Detroit (Special Mode Transportation: NEMT)

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

NAME	ADDRESS	PHONE
Michael Erwin (RMS)	4467 US-82, Morris, GA, 39840	(334) 695-3546
Dereck Pristas (EMS Team)	1099 US-22, Circleville, OH 43113	(937) 949-4611
Hayes Stills (ADAboy)	P.O. Box 10 Baconton, GA 31716	(229) 328-3655
Dan Reid (Grove Transit)	1721 Hardy St, Hattiesburg, MS 39401	(415) 860-7344
Chase Lafferty (H&M)	8761 Virginia Meadows Dr, Manassas, VA	(346) 718-3186

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

NAME	ADDRESS	PHONE
Mike Jannusch (PNC)	601 11th Ave N., Suite 900, Nashville, TN 37203	(630) 723-9067
Scott Boatight (McGriff)	517 N Church St, Thomaston, GA 30286	(770) 468-8624
Scott Carson (Union)	425 N. Martingale Rd, 6th floor, Schaumburg, IL 60173	(636) 542-0353
Aaron Hale (LBMC)	201 Franklin Rd, Brentwood, TN 37027	(404) 790-9994
Rob Vincent (Strat. Benefits)	40 Burton Hills Blvd. Suite 200, Nashville, TN 37215	(615) 268-3840

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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

2/25/25

DATE

NOTARY SEAL

CAROLINE KELLEY
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 03-08-2028
DAVIDSON COUNTY

NOTARY SIGNATURE