

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that _____ **RELIABILITY CARE TRANSPORT LLC**
has complied with the Orange County Code _____ **2001-09** _____ and Rules and Regulations
established by the Board of County Commissioners and is authorized to operate a Paratransit Service in
Orange County.

Date of Issue: **August 13, 2024**

Date of Expiration: **August 12, 2026**

Mayor, Board of County Commissioners

ORANGE COUNTY
GOVERNMENT
FLORIDA



1 of 4
RECEIVED

PARATRANSIT SERVICES **DATE:** 5/13/24
INITIALS: [Signature]
APPLICATION FOR LICENSE

APPLICATION DATE: 05/08/2024

PROPOSED DATE OPERATIONS WILL BEGIN: 05/13/2024

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** Reliability Care Transport LLC

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

1024 Alder Tree Drive, Apopka Fl. 32703

Orange county

3. **CONTACT INFORMATION:** **Business Phone** (407) 844-5404

Mobile Phone (407) 202-6641

Email reliabilitycaretransport@gmail.com

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

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

5. **CORPORATE OFFICERS AND DIRECTORS:**

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Anthony Johnson	1024 Alder Tree Drive Apopka Fl.	MGR
Shadene Johnson	1024 Alder Tree Drive	MGR

6. **LEVEL OF SERVICE:** **WHEELCHAIR** **STRETCHER** **BOTH**

7. **COMMUNICATIONS EQUIPMENT:** **TELEPHONE** **TWO-WAY RADIO** **OTHER**

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

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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

New business starting up

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: 1

2. EMPLOYEE ROSTER:

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

NEW BUSINESS
Aspire at Rosewood - 3920 Rosewood Way Orlando FL 32808 - 2017 - current
Harbor Private Duty Nursing - 1950 Lee Rd ste 109, Winter Park FL 32789 - PRN 2019

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

NAME	ADDRESS	PHONE
Lovina Solomon	2182 Lake Marion Drive Apopka 32712	(407) 252-4297
Dominique Chambliss	5619 La Joya Ct Orlando	(407) 468-4646
Errol Bryan	4121 West Washington Street Orlando FL. 32805	(407) 879-0531
Judith Jones-Peart	1024 Alder Tree Dr Apopka FL 32703	(407) 853-1865
Gladford Walters	5619 La Joya Ct Orlando FL 32808	(407) 466-6716

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

NAME	ADDRESS	PHONE
Metro Pcs	1517 W Orange Blossom Trl. Apopka 32712	(407) 886-8121
Creditum Fiber	PO Box 4259 mm 20c, 1A 7121	833-250-6306
BEST Buy	8350 S. OBT. O/F 3297	407-855-6114
CABLE Credit	555 anton blu Blvd 700 6070866-893-7864	
Duke Energy	550 S tryon St. Charlotte NC 28202	800 700 8744



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.

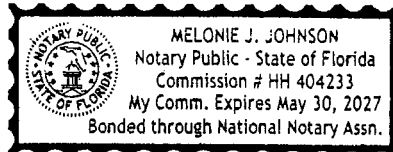
A handwritten signature in black ink, appearing to be "JHU", written over a horizontal line.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

The date "5/9/24" handwritten in black ink, positioned above a horizontal line.

DATE

NOTARY SEAL



A handwritten signature in black ink, appearing to be "M. Johnson", written over a horizontal line.

NOTARY SIGNATURE