ORANGE COUNTY GOVERNMENT FLORIDA

PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED
DATE: 8/26/25
INITIALS:

CORRECTED

APPLICATION DATE: 8-25-2025

PROPOSED DATE OPERATIONS WILL BEGIN: ASAP

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** RBK Transportation Inc.
2. **BUSINESS ADDRESS (INCLUDE COUNTY):**
   716 Benedict way Casselberry Fl. 32707
3. **CONTACT INFORMATION:** **Business Phone** 561-565-2617
   Mobile Phone 305-409-0657
   Email rbkidstransportation@gmail.com
4. **OWNERSHIP TYPE:** ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER
   a. **If other, please describe:** _____
5. **CORPORATE OFFICERS AND DIRECTORS:**

NAME	ADDRESS	POSITION
Fausto A. Caballero	11350 S.W. 73T errace Miami Fl. 33173	Vice president
Joel del pino Alonso	7928 NW 200 Terrace Miami Fl 33015	president

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:** 1

2. **EMPLOYEE ROSTER:**

NAME	CURRENT CPR CARD (Y/N)
Fausto A. Caballero	yes
Joel del Pino Alonso	yes

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.**

Joel - self employed with LES trucking & delivery since 2013
Fausto - employed with FP&L since 2010

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

NAME	ADDRESS	PHONE
luis Bello	MTM Vendor	3055828305
Osreik in lopez	16830 SW 104 Ave Miami FL.	305 305 0354
yordanys Martinez	3026 carol Ave lake worth	561 704 1275
elier padron	7826 NW 200 St. Miami FL.	561 951 7320
celia Bereau	6763 NW 182 St Hialeah FL.	305 903 1908

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

NAME	ADDRESS	PHONE
Cintas	1150 emma oaks lake mary FL.	407 902 4016
Spectrum cable	1981 aloma ave winter Park FL.	1888 406 7063
Duke energy	19815255 tryon st. N.C.	1800 700 8744
New ice	55 Beattie Place suit 110	1866 317 2047
At&T	3101 N. Miami Ave Miami FL. 33127	~~844-812~~ 877 237 4544

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

8-26-2025

DATE 8/26/2025

NOTARY SEAL

Notary Public State of Florida
Jennifer Jensen
My Commission HH 369870
Expires 7/1/2027

✓ Driver's License

NOTARY SIGNATURE