



RENEWAL PARATRANSIT SERVICES:

RECEIVED

APPLICATION FOR LICENSE

DATE: 7/17/25
INITIALS: [Signature]

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: AdventHealth Emergency Medical Services
2. BUSINESS ADDRESS (INCLUDE COUNTY): 601 E Rollins Street, M/B #161, Orange County, Orlando, FL 32803
3. CONTACT INFORMATION: Name: Kevin Wall, Director
Business Phone: 407-303-5645
Mobile Phone: 407-466-2722
Email: kevin.wall@adventhealth.com
4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER
a. If other, please describe: _____
5. LEVEL OF SERVICE: ☒ WHEELCHAIR ☐ STRETCHER ☐ BOTH
6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
X ☐ YES, DATE: Expires 04/01/2026 ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2
2. EMPLOYEE ROSTER: See attached

NAME Attached as above

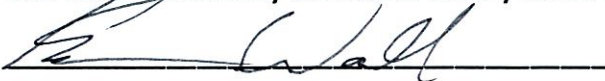
CURRENT CPR CARD (Y/N) Yes

Provided to EMS Office YES

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

July 1, 2025

DATE:

NOTARY SEAL



NOTARY SIGNATURE

