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RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

DATE: 1/7/24
INITIALS: [Signature]

APPLICATION DATE: 12/15/25

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: Life Fleet Southeast d/b/a American Medical Response
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): 4728 Old Winter Garden Rd.
Orlando, FL 32811 (Orange County)
- 3. CONTACT INFORMATION: Name: Vicki Wells
Business Phone: 407-578-3605
Mobile Phone: 407-405-8176
Email: Vicki.wells@gmr.net
- 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:
 YES, DATE: Expires 3/25/26 NO

SECTION II: VEHICLES AND STAFFING

- 1. NUMBER OF VEHICLES IN OPERATION:
- 2. EMPLOYEE ROSTER:

<u>NAME</u>	See Attached	<u>CURRENT CPR CARD (Y/N)</u>
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Provided to EMS Office

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.

Vicki Wells

SIGNATURE OF APPLICANT OR REPRESENTATIVE

January 7, 2026

DATE:

NOTARY SEAL

Jerre A. Blanton

NOTARY SIGNATURE

