



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED

DATE: 4/9/25

INITIALS: [Signature]

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** Right By Your Side
2. **BUSINESS ADDRESS (INCLUDE COUNTY):** 1800 Pembroke Dr. Ste 300 Orlando FL 32810
Orange County
3. **CONTACT INFORMATION:** **Name:** Abdul Shefaze
Business Phone: 800 - 494 - 1238
Mobile Phone: 407. 969. 3020
Email: Abdul@RBYs.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:**
☒ **YES, DATE:** Expires 11/2025 ☐ **NO**

SECTION II: VEHICLES AND STAFFING

1. **NUMBER OF VEHICLES IN OPERATION:** 8
2. **EMPLOYEE ROSTER:**

NAME

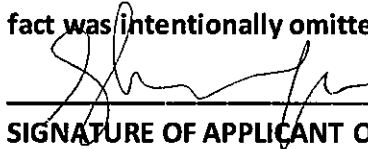
CURRENT CPR CARD (Y/N)

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

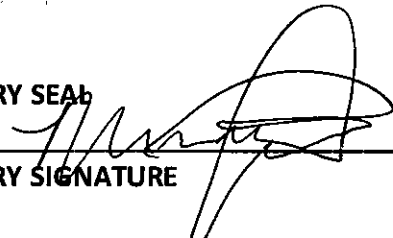
operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.



SIGNATURE OF APPLICANT OR REPRESENTATIVE

4/8/2025

DATE:

NOTARY SEAL


NOTARY SIGNATURE

