



RENEWAL PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Access Lynx Paratransit Operations for Central Florida Regional Transportation Authority
2. BUSINESS ADDRESS (INCLUDE COUNTY): 455 N. Garland Ave.
Orlando, FL. 32801
3. CONTACT INFORMATION: Name: David Burrowes

 Business Phone: 407-254-6161

 Mobile Phone: 407-583-9764

 Email: dburrowes@golynx.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 October 1, 2025 ☐ NO

SECTION II: VEHICLES AND STAFFING

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

NAME Operators provided through Contractor; Transdev Services, Inc.

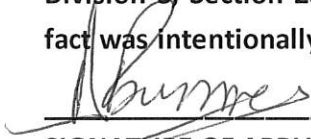
CURRENT CPR CARD (Y/N)

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.



David Burrowes

SIGNATURE OF APPLICANT OR REPRESENTATIVE

May 29, 2025

DATE:

NOTARY SEAL

NOTARY SIGNATURE



Mildred De Leon
Notary Public
State of Florida
Comm# HH152597
Expires 7/12/2025