



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

RECEIVED

DATE: 4/14/26
 INITIALS: [Signature]

APPLICATION DATE: 04/13/2026

PROPOSED DATE OPERATIONS WILL BEGIN: 07/13/2026

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Truebridge Medical Transit LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

1033 Nana Avenue Orlando, FL, 32809 Orange County

3. CONTACT INFORMATION: Business Phone (407) 241-9298

Mobile Phone (407) 241-9298

Email truebridgemt@gmail.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Oscar J. Sieres Cancio	1033 Nana Ave, Orlando, Florida Zip 32809	Owner

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:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Oscar J. Sieres Cancio	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.**

Quality Cable Contractors INC 2008-Present
President: George Del Rio
Telephone: (407)-246-0606
Fax: 407-482-5442

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

NAME	ADDRESS	PHONE
Carlos Del Rosario Mesa	9342 Raven Dell, Orlando, FL, 32825	(787) 568-5184
Nomar Conde	129 Grace Blvd, Altamonte Spring, 32714	(407) 922-8947
Kate Dedivitis	14600 Traders Path, Orlando, FL, 32837	(407) 967-6954
Yanet Del Rosario	1033 Nana Avenue, Orlando, FL, 32809	(407) 241-9698
Kirenia Torres	9342 Raven Dell, Orlando, 32825	(787) 568-4365

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

NAME	ADDRESS	PHONE
State Farm Company	EMVLCLLC Loan Services PO Box 596, Madison, WI, 53705	(866) 207-9079
Penny Mac Loan Services LLC	PO Box 514387 Los Angeles, California, 90051-4387	(800) 777-4001
Home Depot Credit Card	PO Box 70600 Philadelphia, PA, 19176-0600	(800) 950-5114
Lowes Synchrony Bank	777 Long Ridge Rd, Stanford Ct, 06902	(800) 444-1408
BestBuy City Bank	PO Box 70601 Philadelphia, PA, 19176-0601	(800) 365-0292



PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

STATE OF Florida

COUNTY OF orange

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]
Oscar j. Sieres Cancio

SIGNATURE OF APPLICANT OR REPRESENTATIVE

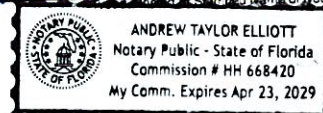
04/13/2026 104/13/2026

DATE

NOTARY SEAL

NOTARY SIGNATURE

STATE OF FLORIDA
COUNTY OF orange
The foregoing instrument was acknowledged before me by means of
 Physical Presence. OR Online Notarization, this 13 day of
April, 2026, by Oscar J. Sieres Cancio
Name of Person Acknowledging
who is personally known to me or who has produced F.L.D.L.
as identification. Type of Identification
[Signature]
Signature of Notary Official
Andrew Taylor Elliott
Printed Name of Notary Official



State of Florida County of orange
Sworn to (or affirmed) and subscribed before me by means
of Physical Presence. - OR - Online Notarization,
this 13 (Date) day of April (Month), 2026 (Year),
by Oscar J. Sieres Cancio (Name of Affiant).
[Signature] (Seal)
Signature of Notary Public - State of Florida
Name of Notary Public Andrew Taylor Elliott
Personally Known OR Produced Identification
Type of Identification Produced F.L.D.L.

