



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED

DATE: 1/7/20
INITIALS: [Signature]

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: UNICARE TRANSPORT SRV
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): PO BOX 677802
ORL FL 32867
- 3. CONTACT INFORMATION: Name: _____
Business Phone: 407 977 2273
Mobile Phone: 407 417 5078
Email: unicare99@aol.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 _____ NO

SECTION II: VEHICLES AND STAFFING

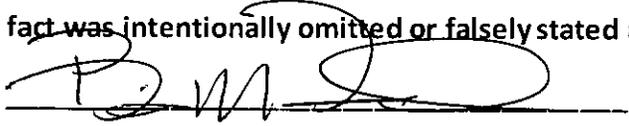
- 1. NUMBER OF VEHICLES IN OPERATION: 3
- 2. EMPLOYEE ROSTER: SENT

| | |
|-------------|-------------------------------|
| <u>NAME</u> | <u>CURRENT CPR CARD (Y/N)</u> |
|-------------|-------------------------------|

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.

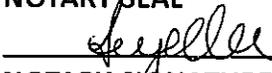


SIGNATURE OF APPLICANT OR REPRESENTATIVE

1/7/26

DATE:

NOTARY SEAL



NOTARY SIGNATURE

