



**RENEWAL PARATRANSIT SERVICES:**

**APPLICATION FOR LICENSE**

**RECEIVED**

DATE: 3/4/26  
INITIALS: [Signature]

APPLICATION DATE: 02/25/2026

**SECTION I: GENERAL INFORMATION**

- 1. NAME OF SERVICE: SHEKINAH ACCESS AMERICA TRANSPORTATION CARE LLC
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): 805 SOUTH KIRKMAN RD SUITE 204  
ORLANDO FL 32811
- 3. CONTACT INFORMATION: Name: YDOPCENE ESTERIL  
Business Phone: 321-368-0216  
Mobile Phone: 321-368-0216  
Email: SHEKINAHATC@GMAIL.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 10/4/26 - 4/19/26     NO

**SECTION II: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 4

2. EMPLOYEE ROSTER: YDOPCENE ESTERIL

PIERRENA ST SAUVEUR    PIERRENA ST SAUVEUR    CURRENT CPR CARD (Y/N)

Provided to EMS Office YES

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.

*[Handwritten Signature]*  
SIGNATURE OF APPLICANT OR REPRESENTATIVE

3-3-26  
DATE:

NOTARY SEAL *[Handwritten Signature]*  
NOTARY SIGNATURE

