

RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR INCENSE

APPLI	CATION DATE:				
SECT	ION I: GENERAL INFORMATION				
2.026	NAME OF SERVICE: BESAFE TRANSPORTATION, LLC BUSINESS ADDRESS (INCLUDE COUNTY): 2605 WEMBIEY CROSS WAY ORLANDO, FLORIDA 32828 CONTACT INFORMATION: Name: CECILE NABONG				
	Business Phone: 407 - 275 - 5344 state of Florida 10 Wildbille Phone: 407 - 810 - 870 /				
ie by means arization,	Sworn to (or affirmed) and subscribed before me shirmed) and subscribed before me shirmed and subscribed before me shirme				
(16.9Y) 4.	OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER				
and the second s	a. Trother, please describe:				
(le s2) 5.	LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH				
6. noite	PROOF OF CURRENT INSUBANCE SUBMITTED TO EMS OFFICE: Wanter and the control of th				
1.	NUMBER OF VEHICLES IN OPERATION:				
2.	EMPLOYEE ROSTER:				
	NAME WARREN GOPE ? ROMAN DEL ROSARIO Provided to EMS Office CURRENT CPR CARD (Y/N) (Y)				

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 acknowledge that as provided in Oran				
Lestana	Division 3, Section 20-137, licenses obtained by an application in which any material				
- 10 To 10 T	fact was intentionally omitted or falsely	stated are subject to	revocation.		
200	auld Indany				
-	SIGNATURE OF APPLICANT OR REPRESEN	ITATIVE			
	4/3/25				
	DATE:				
	NOTARY SEAL MIGH		MEGAN HANRAH. Notary Public - State o Commission # HH 2:	f Florida 80514	
	NOTARY SIGNATURE		My Comm. Expires Feb	17, 2026	
		State of Florida			
		County of Ovar	age		
		Sworn to (or affirmed of In Physical Preser	i) and subscribed before ice, – OR – 🖸 Online N	me by means	
		this day	of April	2025	
		by Cocile	(MORIN)	(Apdt)	
			(Name of Affiant)		
		- AM	2 aM	(See)	
		(Signature of Notary	Public - State of Florida)	7	
		(Name of	an Hankahan Notary Public	_	
		. 0	OR Produced Ident	Mankley /	
		Type of Identification	Produced Aires	icetion	
				1,000	