



Orange County Paratransit (Non-Emergency) Services Licensure Application Instructions

Page 1 - Requires general information about the business and information regarding the level of service it will be providing and the types of communication equipment. In the space asking for "Name of Service" please list the full official business name (to include LLC, Inc., etc.).

Page 2 - **Do not complete Section II. This section is intended for the Office of the Medical Director to complete.**

Section III requires information on the number of vehicles in operation and the employee roster and their certifications. If there is not enough space to list all employees, please submit the list as an attachment. Please note what their role is in the business (i.e. owner, manager, driver, etc.)

Page 3 – 1. Requires previous business experience/work history for last 5 years with 1 notarized letter as described. 2. Requires 5 business and/or personal references with 2 notarized letters from that group. 3. Requires 5 credit references for the business with 2 notarized letters from that group.

Page 4 – Application must be signed by applicant and notarized.

Required items to be submitted with the application are below. They must be submitted before an application is considered complete:

- Original signed and notarized application
- Check/money order for \$200.00 for the application fee payable to *Orange County BCC*
 - The application fee includes application processing fee and up to 3 vehicle inspections
 - Additional vehicles over 3 - \$30.00 each
- Proof of Commercial General Liability and Auto Liability Vehicle Insurance (COI)
 - (Commercial General Liability of \$1,000,000 and Automobile Combined Single Limit \$1,000,000)
- Proof of Worker Compensation Insurance (COI)
 - Employer's Liability \$100,000 or State of Florida Exemption
- List of employees and drivers (if more space is needed than what is provided)
- Copy of valid driver's license for each driver
- Class certificates for each driver (i.e. CPR, Safe Driver, etc.)
- Vehicle Roster
 - List of vehicle year make and models, VIN numbers, color, and tag numbers
- Vehicle registration for each vehicle

- ❑ Copy of business tax receipt municipality the business address is in and business tax receipt for Orange County
- ❑ Reference letters from personal, business, and credit references as detailed in the application
- ❑ Notarized bank statement for account(s) *in the name of the business*

Please Note: Vehicle Inspections are scheduled **after** the license is approved by the Board of County Commissioners.

Before returning to the Office of the Medical Director, please check to be certain that the application and all required attachments are complete. The application must be signed, dated, and notarized. Please contact the EMS Office of the Medical Director (407-836-6562) with any questions.

Applications can be mailed or dropped off at the address below between the hours of 8:00 a.m. and 5:00 p.m.:

Office of the Medical Director
Attn: Jennifer Jensen, Regulatory Compliance
Coordinator
4654 35th Street
Orlando, FL 32811
(407) 836-6562
Jennifer.Jensen@ocfl.net