

Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each Carrier holding a WMATC certificate of authority on January 1, 2010 must file a complete 2010 annual report and pay the \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all the necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each Carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid it's annual fee and any assessed late fees will be automatically suspended on **May 4, 2010**.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

159 | Jewish Council for the Aging of Greater Washington, Inc.

*WMATC Carrier No. *Name of Carrier (as shown on certificate of authority)

12320 Parklawn Drive, Rockville, Maryland 20852

*Street Address of Principal Place of Business

Mailing Address (if Different from Street Address)

(301) 468-6280 | (301) 881-8782 | (240) 252-3501 | mgalil@accessjca.org

*Telephone Number Other Telephone Fax Number E-mail

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mordechai (Moti) Galil | Director of Transportation

*Name *Title

(301) 468-6280 | | (240) 252-3501 | mgalil@accessjca.org

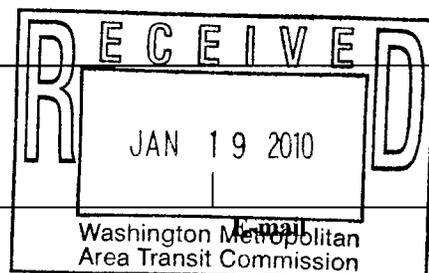
*Telephone Number Other Telephone Fax Number E-mail

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS (Complete ONLY if Street Address in item 1 is OUTSIDE Metropolitan District):

Name of Registered Agent for service of Process

Street Address

Telephone Number Other Telephone Fax Number



(continued on next page)

Rev. 1/07/08

4. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or, if not applicable, after the carrier certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

5. **LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS** (attach additional sheets as necessary but include all required information):

Fleet No. (if applicable)	Model Year	Make	Vehicle VIN (17 digits)	License Plate Number	State Registered	Seating Capacity
✓ 42	2001	Ford	1FDXE45F51HB28379	M768950	Maryland	23
✓ 44	2003	Ford	1FDWE45F53HB85762	321M049	Maryland	16+2
✓ 45	2003	Ford	1FDWE45F53HB85763	321M048	Maryland	16+2
✓ 46	2004	Ford	1FDXE45P14HA86743	361M198	Maryland	16+2
✓ 47	2006	Ford	1FDXE45P16HB33899	81005HV	Maryland	16+2
✓ 48	2006	Ford	1FDXE45PX6DB00486	881M976	Maryland	16+2
✓ 49	2006	Dodge	WD0PD544065919187	913M155	Maryland	6+2
✓ 50	2006	Ford	1FDXE45PX6DB37019	KHH1776	Virginia	16+2
✓ 103	2007	Chevrolet	1GBJG31U071107058	PV3851	Virginia	13+1
✓ 51	2008	Ford	1FD4E45P98DA32851	88543HV	Maryland	16+2
✓ 53	2008	Ford	1FD4E45P38DB59157	33195M8	Maryland	16+2
✓ 54	2008	Ford	1FD4E45P18DB59156	33195M7	Maryland	16+2
✓ 104	2008	Ford	1FD3E35P48DB35200	XUC7237	Virginia	13+1

6. CERTIFICATION:

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Mordechai Galil
Signature

Mordechai Galil
Name (Type or Print)

Director of Transportation
Title

January 12, 2010
Date

