

# Washington Metropolitan Area Transit Commission

## 2011 Carrier Annual Report Form

### PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2011, must file a complete 2011 annual report and pay a \$150 annual fee on or before **January 31, 2011**. 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 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 its annual fee and any assessed late fees will be automatically suspended effective May 3, 2011.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

### 1. ANNUAL REPORT OF:

1527 | CLM Limousine Service, Inc.

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

301 King Farm Boulevard, #L, Rockville, MD 20850-6654

\*Street Address of Principal Place of Business

Mailing Address (if different from street address)

(240) 832-9484

\*Telephone Number

Other Telephone

~~(301) 977-5180~~

Fax Number

E-mail

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

Mr. Cesar A. Lerzundi

\*Name

Owner

\*Title

(240) 832-9484

\*Telephone Number

Other Telephone

~~(301) 977-5180~~

Fax Number

E-mail

### 3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*(Complete section 3 only if the street address in section 1 is outside the Metropolitan District):

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process

Street Address

Telephone Number

Other Telephone

Fax Number

E-mail

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's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

ALL THE INFORMATION IS CORRECT EXCEPT THE "FAX NUMBER" THAT NUMBER IS NO LONGER IN SERVICE IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL ME AT 240 5329484.

THANK YOU

5. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; or (3) attach your own vehicle list to both pages of this form. Include **all** required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
1	1998	LINCOLN	5LMPU28L7WLJ32198	01917 LM	MD	14
2	1998	LEXUS	JT8BD6855W0044105	01881 LM	MD	12

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.

CESAR LERZUNDI  
 \_\_\_\_\_  
 \*Name (Type or Print)

  
 \_\_\_\_\_  
 \*Signature

OWNER  
 \_\_\_\_\_  
 \*Title

01-18-11  
 \_\_\_\_\_  
 \*Date

*2011 Annual Report: Revenue Vehicle List*

Name: CLM Limousine Service, Inc.

Trade Name:

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. Choose one and only one of the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list, check the box indicating all information is accurate, and return this list with both pages of your annual report form; or (3) attach your own vehicle list to both pages of the annual report form. Failure to report revenue vehicles may result in a civil forfeiture.

Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
	1998	Lincoln	5LMPU28L7WLJ32198	01917LM	MD	14
	1998	Lexus	JT8BD6855W0044105	01881LM	MD	12