

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:

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

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

12320 Parklawn Drive, Rockville, MD 20852-1726

*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):

Mr. Mordechai Galil | Dir. Trans.

*Name *Title

(301) 881-8782 | (301) 881-8782 | (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 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.

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.

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

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

 *Name (Type or Print)

Mordechai Galil

 *Signature

DIRECTOR OF TRANSPORTATION

 *Title

1/4/2011

 *Date

Washington Metropolitan Area Transit Commission**2011 Annual Report: Revenue Vehicle List**

Name: Jewish Council for the Aging of Greater Wash., 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
42	2001	Ford	1FDXE45F51HB28379	M768950	MD	23
44	2003	Ford	1FDWE45F53HB85762	321M049	MD	18
45	2003	Ford	1FDWE45F53HB85763	321M048	MD	18
46	2004	Ford	1FDXE45P14HA86743	361M198	MD	18
47	2006	Ford	1FDXE45P16HB33899	81005HV	MD	18
48	2006	Ford	1FDXE45PX6DB00486	881M976	MD	18
49	2006	Dodge	WD0PD544065919187	913M155	MD	8
50	2006	Ford	1FDXE45PX6DB37019	KHH1776	VA	18
51	2008	Ford	1FD4E45P98DA32851	88543HV	MD	18
53	2008	Ford	1FD4E45P98DB59157	33195M8	MD	18
54	2008	Ford	1FD4E45P18DB59156	33195M7	MD	18
103	2007	Chevrolet	1GBJG31U071107058	PV3851	VA	14
104	2008	Ford	1FD3E35P48DB35200	XUC7237	VA	14

