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:

730	Americare Medical Transport, Inc.
***WMATC No.**	***Name of Carrier (as shown on certificate of authority)**

7600 Lindbergh Drive, #F, Gaithersburg, MD 20879-5407

***Street Address of Principal Place of Business**

Mailing Address (if different from street address)

(301) 330-6191		(301) 330-6192	americaremed@verizon.net
***Telephone Number**	**Other Telephone**	**Fax Number**	**E-mail**

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

Mr. Bertin E. Atontsa		Manager	
***Name**		***Title**	
(202) 828-1290	(240) 388-1670	(301) 330-6192	americaremed@verizon.net
***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
1	2002	FORD	1FTNE24212HB81080	B44358	DC	9
2	2006	FORD	1FTNE24L96HA33623	B44166	DC	7
3	2004	FORD	1FTNE24WX4HB39593	B44361	DC	7

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.

BERTIN ATONTSA
*Name (Type or Print)

*Signature

GENERAL MANAGER
*Title

01/27/2011
*Date

WMATC No: **730**

Washington Metropolitan Area Transit Commission

2011 Annual Report: Revenue Vehicle List

Name: Americare Medical Transport, 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
1	2002	Ford	1FTNE24212HB81080	B44358	DC	9
2	2002	Ford	1FTNE24252HB81079	B44357	DC	9
3	2006	Ford	1FTNS24L96HA33623	B44166	DC	7
4	2004	Ford	1FTNE24WX4HB39593	B44361	DC	7