

Chris Aquino

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**From:** Washington Metropolitan Area Transit Commission [administrator@wmatc.gov]  
**Sent:** Monday, January 30, 2012 2:01 PM  
**To:** Chris Aquino  
**Subject:** 2012 Annual Report - WMATC No: 100, Carrier Name: Laidlaw Transit, Inc  
**Attachments:** 4f26e8e4c471f-First Student Revenue Vehicles.doc

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**Washington Metropolitan Area Transit Commission**  
**2012 Carrier Annual Report Form**

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**NEW THIS YEAR:**

- Annual reports can now be filed online at [www.wmatc.gov](http://www.wmatc.gov). Annual fees can also be paid online using a credit or debit card. Your username and password is required to access e-filing.
- Carriers holding U.S. Department of Transportation authority must now indicate their USDOT number. Also, carriers must indicate whether each vehicle in their fleet is equipped with a wheelchair lift or ramp.

**FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2012**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on 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 **late fee** pursuant to Regulation No. 67-03. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **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 1, 2012.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

**1. ANNUAL REPORT OF:**

**WMATC No.:** 100

**USDOT No.:**

**Name of Carrier (as shown on certificate of authority):** Laidlaw Transit, Inc

**Trade Name:**

**Principal Place of Business**

**Street Address:** 3349 Highway 138, Bldg A, #D

**City:** Wall

**State:** NJ

**Zip:** 07719-9671

**Mailing Address (if different from street address)**

**Street:**

**City:**

**State:**

**Zip:**

**Telephone Number:** (732)280-4920

**Other Telephone:**

**Fax Number:** (732)556-0670

**E-mail:** [mike.petrucci@firstgroup.com](mailto:mike.petrucci@firstgroup.com)

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

**Name:** David Armitt

**Title:** Senior VP

**Telephone Number:** (202)638-4051

**Other Telephone:**

**Fax Number:** (202)638-7172

**E-mail:** [david.armitt@firstgroup.com](mailto:david.armitt@firstgroup.com)

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

\*(Complete section 3 only if the principal place of business 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:** C T Corporation

**Agent Address:** 1015 15th Street, NW Suite 1000

**City:** Washington

**State:** DC

**Zip:** 20005

**Telephone Number:** 202-572-3100

**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.

- 1. There are no revenue vehicles used in WMATC operation at this time.
- 2. Laidlaw Transit, Inc. merged with First Student, Inc.

**5. \*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following two options: (1) list your vehicles below; **or** (2) upload your own complete vehicle list. Include **all** required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair

**\*Your vehicle list was attached to your submission.**

**6. \*CERTIFICATION:**

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

**Name:** David Armitt  
**Title:** Senior Vice President  
**Date:** 1/30/2012