

# Washington Metropolitan Area Transit Commission

## 2012 Carrier Annual Report Form

### 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 a civil forfeiture.

### 1. CARRIER:

1632		Ceepco Contracting, LLC		
<b>*WMATC No. USDOT No. (if applicable) *Name of Carrier (as shown on certificate of authority)</b>				
6802 Industrial Drive, #204		Beltsville	MD	20705-1273
<b>*Street Address of Principal Place of Business</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State Zip</b>
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(301) 931-1600		(301) 931-1601	hcharles@ceepco.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

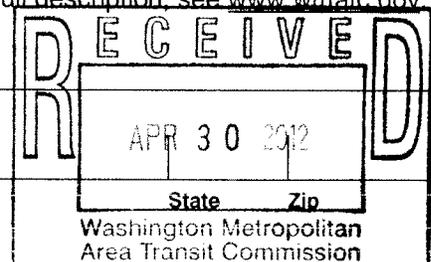
### 2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Harold Charles	President			
<b>*Name</b>		<b>*Title</b>		
(301) 931-1600		(301) 931-1601	hcharles@ceepco.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

### 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).

N/A			
<b>Name of Registered Agent for Service of Process</b>		<b>Telephone</b>	<b>E-mail</b>
Agent Address (must be inside Metropolitan District)		Apt./Suite	City

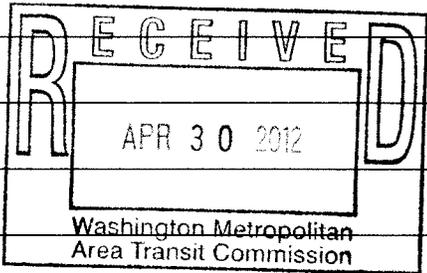


4. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below,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

N/A

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	*Wheelchair Lift or Ramp Yes/No



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.

Stacy Cravis  
\*Name (Type or Print)

[Signature]  
\*Signature

Business Resources Mgr  
\*Title

4/26/2012  
\*Date

# Vehicle list for WMATA Annual Report.

Tag#	Year	Make	Model	Vin#	State Registered	Capacity	Wheelchair Accessible
G11-2123H	2009	Chevrolet	Impala	2G1WB57K191314873	GSA	5	No
G10-0750H	2011	Chevrolet	Malibu	1G1ZA5EU8BF360624	GSA	5	No
G12-0298L	2011	Chevrolet	Malibu	1G1ZA5EU7BF357570	GSA	5	No
G41-2780B	2005	Dodge	Caravan	1D4GP25E25B333471	GSA	7	No
G41-5711B	2006	Dodge	Grand Caravan	1D4GP24E56B675466	GSA	7	No
G43-1475A	2005	Chevrolet	CG3300 Van	1GAHGG39U951209530	GSA	15	No
G43-1598K	2011	Chevrolet	G3500 Van	1GAZG1FG7B1165255	GSA	15	No
B42454 #2421	2009	Chevrolet	C4500 C	1GBE4V1938F403505	DC	24	Yes
B42440 #2422	2009	Chevrolet	C4500 C	1GBE4V1988F403547	DC	24	Yes
B43021 #2401	2008	Chevrolet	C4500 C	1GBE4V1998F403251	DC	24	Yes
B45099 #2019	2009	Chevrolet	E4500	1FDXE45P39DA22816	DC	24	Yes

