

Chris Aquino

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**From:** Washington Metropolitan Area Transit Commission [administrator@wmatc.gov]  
**Sent:** Monday, January 23, 2012 2:48 PM  
**To:** Chris Aquino  
**Subject:** 2012 Annual Report - WMATC No: 1705, Carrier Name: Saiprasad Medical Transportation LLC  
**Attachments:** 4f1db96e7385f-20120109 Saiprasad\_WMATC Vehicle List .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.:** 1705

**USDOT No.:**

**Name of Carrier (as shown on certificate of authority):** Saiprasad Medical Transportation LLC

**Trade Name:**

**Principal Place of Business**

**Street Address:** 6315 New Hampshire Avenue

**City:** Takoma Park

**State:** MD

**Zip:** 20912

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

**Street:** 6315 New Hampshire Avenue

**City:** Takoma Park

**State:** MD

**Zip:** 20912

**Telephone Number:** (703)861-1621

**Other Telephone:**

**Fax Number:**

**E-mail:** [contact@spmedtransport.com](mailto:contact@spmedtransport.com)

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

**Name:** Moulin Lalaji

**Title:** CEO

**Telephone Number:** (703)861-1621

**Other Telephone:**

**Fax Number:**

**E-mail:** [contact@spmedtransport.com](mailto:contact@spmedtransport.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:**

**Agent Address:**

**City:**

**State:**

**Zip:**

**Telephone 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.

Saiprasad Medical Transportation LLC was sold by Dharmesh V. Mehta and Rinu Dharmesh Mehta to Moulin Lalaji and Minaxi Vinodrai Mehta. Moulin Lalaji is a holder of the majority interest, the sole Manager and Chairman of the Board, CEO, President, Treasury, and Secretary of Saiprasad Medical Transportation LLC.

**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:** Moulin Lalaji  
**Title:** CEO  
**Date:** January 23, 2012

Carrier Name: Saiprasad Medical Transportation LLC  
Case Number: AP-2010-057  
WMATC Certificate of Authority No.: 1705

**WMATC VEHICLE LIST**  
**(Submitted January 9, 2012)**

FLEET No.	YEAR	MAKE	VEHICLE VIN	LICENSE PLATE	STATE REGISTERED	SEATING CAPACITY
1	2009	Ford	1FTNE24W69DA83537	48768B	MD	5 amb* 2 wheel** - lift
2	2010	Ford	3FAHPOHA2AR414851	48783B	MD	4 amb
3	2010	Ford	1FAHP2DW8AG157637	H518857	VA	4 amb
4	2010	Ford	2FMGK5BC1ABA58224	H518856	VA	7 amb
5	2010	Dodge	2D4RN4DE9AR248005	H518858	VA	3 amb 2 wheel - ramp
6	2010	Ford	1FTNS2EL8ADA68703	49876B	MD	5 amb 2 wheel - lift
7	2010	Ford	1FTNS2ELXADA68704	49875B	MD	5 amb 2 wheel - lift
8	2010	Ford	1FTNS2EL1ADA68705	49874B	MD	5 amb 2 wheel - lift
9	2011	Ford	2FMGK5BC1BBD31874	51346B	MD	7 amb
10	2011	Ford	2FMGK5BC6BBD03309	51347B	MD	7 amb
11	2012	Toyota	5TDZK3DC9CS177185	44433B	MD	7 amb
12	2012	Toyota	5TDZK3DC7CS181591	44434B	MD	7 amb

\**amb* stands for ambulatory seat

\*\* *wheel* stands for a wheel-chair seat