

Washington Metropolitan Area Transit Commission

2012 Carrier Annual Report Form

NEW THIS YEAR:

- Annual reports can now be filed online at 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:

196		Schrock Inc.			
*WMATC No. USDOT No. (if applicable) *Name of Carrier (as shown on certificate of authority)					
629 Main Street, #6		Berlin	PA	15530-7118	
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
Mailing Address (if different from street address)					
(814) 267-3566		(814) 267-5818			
*Telephone	Other Telephone	Fax	E-mail		

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

Ms. Linda Johnson	Administrative Assistant				
*Name		*Title			
(814) 267-3566		(814) 267-5818			
*Telephone	Other Telephone	Fax	E-mail		

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.

United Motorcoach Association	(703) 838-2929	www.uma.org			
Name of Registered Agent for Service of Process		Telephone	E-mail		
113 South West Street, 4th Floor		Alexandria	VA	22314-2824	
Agent Address (must be inside Metropolitan District)		Apt./Suite	City	State	Zip

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.

No CHANGES

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

See attached

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.

LARRY A. SCHROCK

 *Name (Type or Print)
PRESIDENT

 *Title

Larry A. Schrock

 *Signature
1-22-12

 *Date

Washington Metropolitan Area Transit Commission

2012 Annual Report: Revenue Vehicle List

Name: Schrock Inc.

Trade Name:

This list is provided for your convenience and may be used instead of creating your own vehicle list. If you use this list, make any necessary corrections, check the box indicating all information is accurate, and return this list with both pages of your annual report form. Do not forget to indicate whether each vehicle is equipped with a wheelchair lift or ramp. Be sure to sign page 2 of your annual report.

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	*Wheelchair Lift or Ramp Y/N
105	2006	Prevost	2PCX3349261028816	BN00759	PA	55	N
205	2006	Prevost	2PCX3349161028810	BN00760	PA	55	N
305	2007	Prevost	2PCG3349371729141	BN00978	PA	44 ⁵⁵	N
405	2001	Prevost	2PCX3349311027361	BN01164	PA	55	Y
605	2008	MCI	1M86DMHA58P058337	BN00933	PA	55	N
804	1989	MCI	1TUDCH8A2KR006868	BN00127	PA	47	N
1304	1998	Prevost	2PCL33496W1026663	BN00135	PA	55	N
1904	1989	MCI	1TUDCH8A4KR007147	BN00270	PA	47	
2006	1998	Prevost	1PCL33497W1026347	BN00917	PA	55	N
2010	1994	MCI	1M8PDMPA6RP046284	BN00934	PA	55	N
1804	1988	MCI	1M8FDM9A6JPC42331	BN00949	PA	39	N

