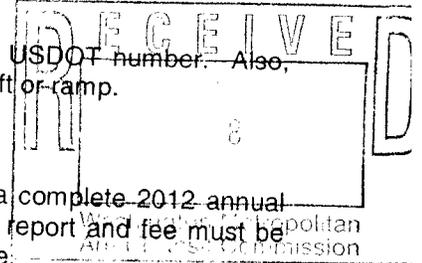


# Washington Metropolitan Area Transit Commission

## 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:**

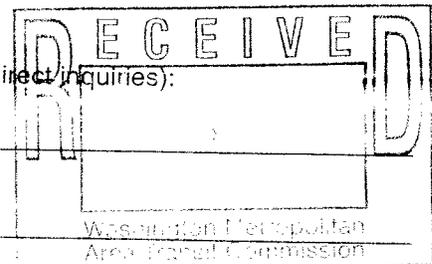
- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2012**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on this 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:**

266	USDOT559643	McLean School Bus Service, Inc.		
<small>*WMATC No.    USDOT No. (if applicable)    *Name of Carrier (as shown on certificate of authority)</small>				
7905 Marlboro Pike			Forestville	MD 20747-4415
<small>*Street Address of Principal Place of Business</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State    Zip</small>
P.O. Box 146			Brentwood	MD 20722-0146
<small>Mailing Address (if different from street address)</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State    Zip</small>
(301) 736-8600			(301) 736-8700	
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>	

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

Mr. Abner McLean		President		
<small>*Name</small>		<small>*Title</small>		
(301) 736-8600			(301) 736-8700	
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>	



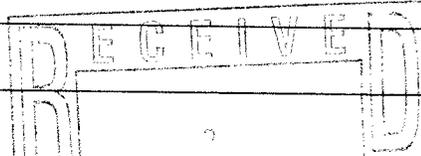
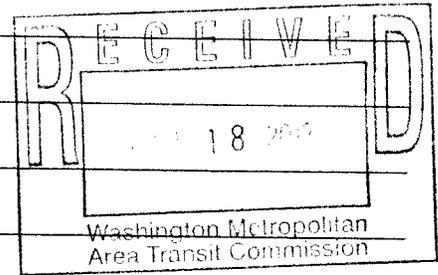
**3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS**

\*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).

Mr Abner McLean		(301) 736-8600		
<small>Name of Registered Agent for Service of Process</small>		<small>Telephone</small>	<small>E-mail</small>	
7905 Marlboro Pike			Forestville,	MD 20747
<small>Agent Address (must be inside Metropolitan District)</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State    Zip</small>

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 SUCH CHANGES 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	*Wheelchair Lift or Ramp Yes/No
121	2005	Setra	WWKA34CD653000262	012P07	MD	56	
123	2005	Setra	WKKA34CD653000259	012P08	MD	56	
125	1994	VanHool	YE2TA73B7R2024884	07016P	MD	49	
127	2005	Setra	WKKA34CD253000260	012P09	MD	56	
129	2005	Setra	WKKA34CD453000261	012P10	MD	56	
131	2008	Falcon	LWECAEA078A450056	010P98	MD	56	
133	2008	Falcon	LWECAEAD08A450058	009P60	MD	54	X Lift
135	2008	Falcon	LWECAEA038A450054	009P61	MD	56	
137	2011	Freighliner	IFVACWDU780AX0206	017P09	MD	35	

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.

Mr Abner McLean

\*Name (Type or Print)

President

\*Title

\*Signature

01/17/12

\*Date