

# 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:

374 | Comprehensive Care II, Inc.

\*WMATC No. USDOT No. (if applicable) \*Name of Carrier (as shown on certificate of authority)

216 Rittenhouse Street, N.W. | Washington | DC | 20011-1469

\*Street Address of Principal Place of Business Apt./Suite City State Zip

P.O. Box 60583 | Washington | DC | 20039-0583

Mailing Address (if different from street address) Apt./Suite City State Zip

(301) 270-7041 | (301) 270-5076 | rodwellb@aol.com

\*Telephone Other Telephone Fax E-mail

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

Dr. Rodwell Buckley | President

\*Name \*Title

(301) 270-7041 | (301) 270-5076 | rodwellb@aol.com

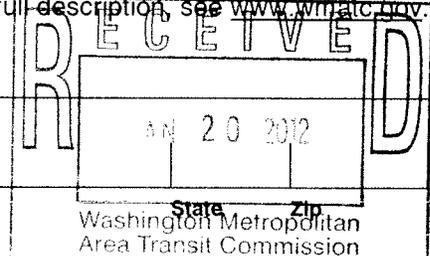
\*Telephone Other Telephone Fax E-mail

### 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](http://www.wmatc.gov).

Name of Registered Agent for Service of Process Telephone E-mail

Agent Address (must be inside Metropolitan District) Apt./Suite City State Zip





# Washington Metropolitan Area Transit Commission

## 2012 Annual Report: Revenue Vehicle List

Name: Comprehensive Care II, 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
1	1995	Ford	1FMEE11N3SHA21528	B37026	DC	8	
2	1999	Chevrolet	1GAHG39R4X1017303	B37475	DC	15	
3	2006	Ford	1FBNE31L36DA67943	B37574	DC	12	

