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:

*WMATC No.	USDOT No. (if applicable)	*Name of Carrier (as shown on certificate of authority)
485		American Care Transit Company, Inc.

*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
5613 Leesburg Pike, #42		Falls Church	VA	22041-2912

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
P.O. Box 3648		Alexandria	VA	22302-3648

*Telephone	Other Telephone	Fax	E-mail
(703) 201-5900	(202) 369-1667	(703) 933-0022	American_care_trans@yahoo.com

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

*Name	*Title
Mr. Mohammed H. A. Ahmed	President

*Telephone	Other Telephone	Fax	E-mail
(703) 201-5900	(202) 369-1667	(703) 933-0022	American_care_trans@yahoo.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.

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

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

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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
	2004	Ford	1FBNE31L748A58071	H515912	VA	12	No
	2006	Ford	1FBSS31L26HA19928	XU67025	VA	15	No

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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.

Nagi Idris
*Name (Type or Print)

*Signature

Manager
*Title

2-16-2012
*Date