# Washington Metropolitan Area Transit Commission

## 2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

### 1. CARRIER INFORMATION:

| *WMATC No. | *Name of Carrier (as shown on certificate of authority) |
|---|---|
| 1353 | Nageshwara Rao Bekkam, t/a Fairland Medical Transportation |

| *Street Address of Principal Place of Business | Apt./Suite | City | State | Zip |
|---|---|---|---|---|
| 2433 Parallel Lane | | Silver Spring | MD | 20904-5450 |

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

| *Telephone | Other Telephone | Fax | E-mail |
|---|---|---|---|
| (301) 742-4005 | | (301) 879-5199 | nbekkam@gmail.com |

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

| USDOT No. | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No. |
|---|---|---|---|
| | | | 3556 |

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

| *Name | *Title |
|---|---|
| Mr. Nageshwara Bekkam | Sole Proprietor |

| *Telephone | Other Telephone | Fax | E-mail |
|---|---|---|---|
| (301) 742-4005 | | (301) 879-5199 | nbekkam@gmail.com |

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 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 |
|---|---|---|
| N/A | | |

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

5. ***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.

NONE

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below **or** (2) attach a complete 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 |
|---|---|---|---|---|---|---|---|
| | 2006 | FORD | 1FTNE24LX6DA24833 | 43478B | MD | 4 | YES |
| | 2007 | DODGE | 1D4GP24R17B166379 | 43491B | MD | 2 | YES |
| | 2010 | DODGE | 2D4RN4DE2AR268791 | 48882B | MD | 2 | YES |
| | | | | | | | |
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7. ***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.

NAGESHWARA BEKKAM

***Name** (type or print)

***Signature**

OWNER

***Title** (not required for sole proprietors)

1-7-2013

***Date**