Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

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Washington Metropolitan Area Transit Commission

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1773	Hawa Transportation LLC, t/a Limousine Services and Transportation
*WMATC No.	*Name of Carrier (as shown on certificate of authority)

1339 Corcoran Street, N.W.		Washington	DC	20009-4310
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip

(202) 683-4292		(202) 745-0010	hawatransportation@yahoo.com
*Telephone	Other Telephone	Fax	E-mail

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

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

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

Mr. Carlos Antoine Khalil	Owner
*Name	*Title

(202) 683-4292		(202) 745-0010	hawatransportation@yahoo.com
*Telephone	Other Telephone	Fax	E-mail

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

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

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.

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
	2001 Lincoln	Town Car	1LNFM81W41Y670067	L5880	DC	8	NO
	2002 GMC	Yukon XL	3GKFK16Z92G359804	L5878	DC	8	NO
	2003	Lincoln Town Car	1LNHM81W13Y605168	BH5231	DC	6	NO
	2005	Lincoln Town Car	1LNHM84W45Y665808	H521409	DC	6	NO
	2006	Lincoln Town Car	1LNHM85V96Y649280	BH5217	DC	6	NO

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.

Carlos Khalil
***Name** (type or print)

***Signature**

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

01/20/13
***Date**