

Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1956	NEW ERA TRANSPORTATION, INC.				
<small>*WMATC No. *Name of Carrier (as shown on certificate of authority)</small>					
6141 LEESBURG PIKE		501	FALLS CHURCH	VA	22041
<small>*Street Address of Principal Place of Business</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
703-820-2720	202-431-0691	703-852-7166	info@neweralimo.com		
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>		

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

		871	
<small>USDOT No.</small>	<small>DCTC No.</small>	<small>Virginia DMV passenger carrier No.</small>	<small>Maryland PSC No.</small>

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

KHALID JAMIL KHAN		PRESIDENT		
<small>*Name</small>		<small>*Title</small>		
703-820-2720	202-431-0691	703-852-7166	info@neweralimo.com	
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>	

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.wmata.gov.

<small>Name of Registered Agent for Service of Process</small>	<small>Telephone</small>	<small>E-mail</small>
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.

N/A

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
N/A	2007	LINCOLN-TOWNCAR-L	1LNHM85W47Y608565	KJK	VA	5	NO
N/A	2011	LINCOLN-TOWNCAR-L	2LNBL8FV6BX753954	277 HAC	VA	5	NO
N/A	2012	CHEVY-SUBURBAN-Z71	1GNSKJE71CR202593	H517876	VA	6	NO

7. ***CERTIFICATION:**

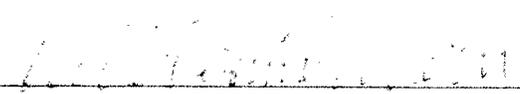
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

KHALID JAMIL KHAN

*Name (type or print)

PRESIDENT

*Title (not required for sole proprietors)


*Signature

01/18/2013

*Date