

# 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)**

333                      Community Multi Services, Inc.

1300 Spring Street	210 Silver Spring	MD	20910
<b>Mailing Address (if different from street address)</b>	<b>Apt./Suite City</b>	<b>State</b>	<b>Zip</b>
301-588-9280              301-922-7717	301-588-9287	hreese@cmsdc.us	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>

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

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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**3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):**

Hollis E. Reese		Executive Director	
<b>*Name</b>	<b>*Title</b>		
301-588-9280 x11              301-922-7717	301-588-9287	hreese@cmsdc.us	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>

**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](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	

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
✓ 333	2009	Ford	1FTNS14WX9DA54030	97858HV	MD	15	NO
✓ 333	2009	Ford	1FTNS514W39DA54029	97866HV	MD	15	NO
✓ 333	2009	Ford	1FTNS14W19DA54028	97857HV	MD	15	NO
✓ 333	2009	Ford	1FTNS14WX9DA54027	97855HV	MD	15	NO
333	2007	Honda	5FNRL384X7B106474	98078HV	MD	5	YES
✓ 333	2012	Dodge	2C4RDGBG7CR114070	B46124	DC	7	NO
✓ 333	2012	Dodge	2C4RDGBG9CR114071	B46121	DC	7	NO
✓ 333	2012	Dodge	2C4RDGBG7CR130978	B46123	DC	7	NO
✓ 333	2012	Dodge	2C4RDGBG9CR130979	B146122	DC	7	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

\*Name (type or print)

Hollis E. Reese



\*Signature

Executive Director

1-4-2013

\*Title (not required for sole proprietors)

\*Date