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:

399 | LAMONT + WADE ASSOCIATES

*WMATC No. *Name of Carrier (as shown on certificate of authority)

1917 "U" Pl. SE | | WASHINGTON | DC | 20020-4605

*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

8917 SANTEETLAH ROAD | | CLINTON | MD | 20735-4302

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

202-889-0104 | 301-297-8546 | 301-297-5458 |

*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):

Ms. Zenobia Wade | VICE-President

*Name | *Title

301-297-8546 | 301-297-8546 | 301-297-5458 |

*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
1	2004	Chev	1GNDX03E74D218067	B41895	DC	7	NO
2	2009	FORD	1FBSS31L39DA57557	B44697	DC	15	NO
3	2006	FORD	1FBSS31L86DB27517	B44271	DC	15	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.

Zenobia WADE
***Name** (type or print)

Zenobia Wade
***Signature**

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

1/31/13
***Date**