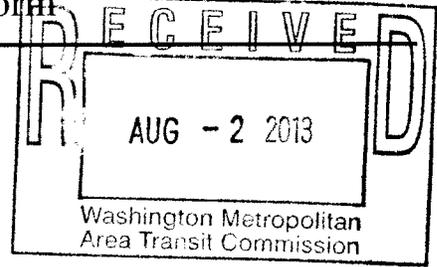


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

743 | ROYAL USA TOURS & TRANSPORTATION

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

740 65T S.W. | 311 | WASHINGTON D.C. | | 20024

*Street Address of Principal Place of Business

Apt./Suite City

State

Zip

740 65T S.W.

311

WASHINGTON D.C.

20024

Mailing Address (if different from street address)

Apt./Suite City

State

Zip

2024983760 | 2024982346

ROYALUSA@HOTMAIL.COM

*Telephone

Other Telephone

Fax

E-mail

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

10111862

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):

HAZEM ELSAMAHY | OWNER

*Name

*Title

2024982346 | 2024983760

ROYALUSA@HOTMAIL.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

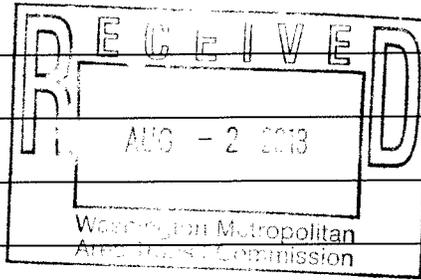
Agent Address (must be inside Metropolitan District)

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
400	1992	CHAMPION	1T79R4B20N110134	B44632	DC	47	NO
600	1993	CHAMPION	1T79R2B27P1116665	B42343	DC	47	NO
600	2000	DODGE	2B5WB55Z0YK126228	B46393	DC	14	NO
100	1991	OSHKOSH	4CDK59E29M2104388	B46394	DC	36	NO
800	2013	INTERNATIONAL	5WEASSKP7DH270299	B46391	DC	45	NO
100	2013	INTERNATIONAL	5WEASSKP2DH270307	B46392	DC	45	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.

HAZEMEL SAMATHY
 *Name (type or print)

[Signature]
 *Signature

owner
 *Title (not required for sole proprietors)

08-02-2013
 *Date