



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
974	1993	Prevost	2P9H33401P001345	013P98	Md	48	Yes
007	2011	Chev. SUBURBAN	1GNSKK38BR205802				
				CTS INC	Md.	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.

CARROLL D. BRAW JR, Pres.

\*Name (type or print)

*Carroll D. Braw Jr* Pres

\*Signature

JAN 26, 2013

\*Date

\*Title (not required for sole proprietors)