Washington Metropolitan Area Transit Commission

2014 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:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)
1008	Prestige Limousine L.L.C.

*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
5314 New Church Court		Fairfax	VA	22032-2913

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

*Telephone	Other Telephone	Fax	E-mail
(703) 278-8000		(703) 978-4525	

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

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
		600	3194

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

*Name	*Title
Mr. Rory J. Kelly	Representative

*Telephone	Other Telephone	Fax	E-mail
(703) 278-8000		(703) 978-4525	

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. If you have more than 10 vehicles in your fleet, you must use option 2. 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
001	2007	Lincoln	1LNHM84W67Y608113	H542779	VA	6	NO
002	2006	Lincoln	1LIFM88W46Y603353	H517608	VA	9	NO
003	2006	Lincoln	1LIFM88W96Y641712	H509969	VA	9	NO
004	2006	Bmw	WBAHN835460T25646	482 HAB	VA	5	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.

Rory Kelly
***Name** (type or print)

R Kelly
***Signature**

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

1/9/14
***Date**