Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1015	MOHAMMA ASGHAR CHOUDRY T/A ALEXANDRIA LIMOUSINE SERVICE
*WMATC No.	*Name of Carrier (as shown on certificate of authority)

5799 VALLEY VIEW DR		ALEXANDRIA	VA	22310
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip

703-922-9585	703-994-7730	866-848-6628	fairfaxlimousine@msn.com
*Telephone	Other Telephone	Fax	E-mail

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

1820170			
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):

MOHAMMAD ASGHAR CHOUDRY	OWNER
*Name	*Title

703-922-9585	703-994-7730	866-848-6628	fairfaxlimousine@msn.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. 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
615	2001	INTER	1HVBEABM01H376338	51929P	VA	31	NO
215	1996	FORD	1FDKE30F7THB56134	P159880	VA	25	NO
715	1994	VANHOOL	YE2TA74BXR2024893	51930P	VA	40	NO
915	1999	VANHOOL	YE2TC61B9X2043196	P159884	VA	57	NO
815	1999	VANHOOL	YE2TC62B7X2043681	P159883	VA	57	NO
315	2000	FORD	1FDAF56F6YEC58075	P159881	VA	22	NO
415	1997	FORD	1FDLE40F7VHA58119	WTM2375	VA	24	NO
515	2008	INTER	1HVBTAAN38H635625	P159882	VA	36	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.

MOHAMMAD ASGHAR CHOUDRY
***Name** (type or print)

***Signature**

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

01/27/2014
***Date**