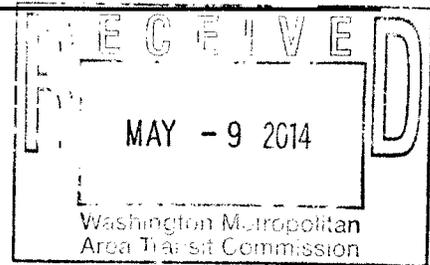


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

WMATC No.	*Name of Carrier (as shown on certificate of authority)				
1138	PRO-Tran, LLC				
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
10903 Indian Head Hwy		107	Ft. Washington MD		20744
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
301 292-4848		301 292-5305			pro-tran@verizon.net
*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.
1313308			79840

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

*Name	*Title		
IRVING HARRIS	COO		
*Telephone	Other Telephone	Fax	E-mail
301 292-4848	301 758-0383		pro-tran@verizon.net

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
	2010	SETR	WKK A34DH7A30000895	016 P78	MD	56	NO
	2008	SETR	WKK A34DD2830000617	007 P69	MD	56	NO
	2008	SETR	WKK A34DD7830000614	008 P70	MD	56	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.

EDYTHE HARRIS
 *Name (type or print)

PRESIDENT/CEO
 *Title (not required for sole proprietors)

Edythe Harris
 *Signature

5/8/14
 *Date