

Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1251	FT Airport Shuttle, Inc., t/a FT Airport Shuttle			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
85 South Bragg Street, #102H		Alexandria	VA	22312-2799
*Street Address of Principal Place of Business Apt./Suite City State Zip				
6588 Sand Wedge Court		Alexandria	VA	22312-3129
Mailing Address (if different from street address) Apt./Suite City State Zip				
(703) 463-4170	(703) 256-1075			
*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.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Tesfaye Dres	Owner		
*Name		*Title	
(703) 463-4170	(703) 475-2623		
*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

