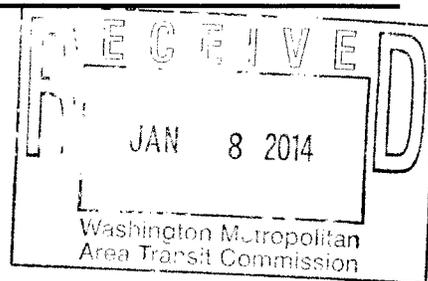


# Washington Metropolitan Area Transit Commission

## 2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



**1. CARRIER INFORMATION:**

1315 | United Cerebral Palsy of Washington, D.C. and Northern Virginia, Inc., t/a U. C. P.

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

3135 8th Street, N.E. | | Washington | DC | 20017-1601  
 \*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip  
 (202) 269-1500 | | (202) 526-0519 | dcarter@ucpdc.org

\*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.

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

Ms. Dawn Carter | Executive Director

\*Name | \*Title  
 (202) 269-1500 | (202) 526-0519  
 (202) ~~526-0446~~ | (202) ~~526-0238~~ | dcarter@ucpdc.org

\*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](http://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.

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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
✓ 1	Van 2011	Ford E350	1FBSS3BL1BDA85233	B44404	D.C.	15	NO
✓ 2	Van 2010	Ford E350	1FBNE3BL7ADA66852	B45407	D.C.	12	NO.
✓ 3	Van 2011	Ford E350	1FTSS3EL9BD1335884	B46116	D.C.	8	Yes.
✓ 4	Van 2012	Ford E350	1FBNE3BL4CDA99925	B43405	DC	12	NO
✓ 5	Van 2010	Ford E350	1FBNE3BL3ADA55105	B45408	DC	12	NO
✓ 6	Van 2008	Ford E250	1FTN524W08DA39895	B40945	DC	4	Yes
✓ 7	Van 2012	Ford E350	1FTSS3EL6CDA04851	B45158	DC	7	Yes.
✓ 8	Van 2012	Ford E350	1FTSS3EL6LDB23643	B46359	DC	10	Yes
✓ 9	Van 2008	Ford E250	1FTNS24W18DA39887	B44692	DC.	6	Yes
✓ 10	Van 1998	DODGE <sup>3500</sup>	2B7LB31Z2WK117866	B45142	DC	8	Yes.

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.

Dawn Carter  
 \*Name (type or print)

Dawn Carter  
 \*Signature

Executive Director  
 \*Title (not required for sole proprietors)

1/6/13  
 \*Date