

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
	2013	LINCOLN	2LMHJ5NK1DBL51706	H520311	VA	5	NO
✓	2008	FORD	1FBSS31L58DA19200	H517127	VA	14	NO
✓	2005	FORD	1FTSS34L25HB09027	H513613	VA	13	NO
✓	2005	FORD	1FTSS34L65HB49496	H513571	VA	14	NO
✓	2005	LINCOLN	1L1FM88W75Y668468	871HAA	VA	9	NO
✓	2005	FORD	1F1NU40S1ED43275	H514254	VA	14	NO
✓	2011	LINCOLN	2LNBL8EV0BX753417	H518044	VA	5	NO
✓	2011	LINCOLN	2LNBL8EV2BX753418	H518043	VA	5	NO
✓	2011	LINCOLN	2LNBL8EV8BX757912	H517966	VA	5	NO
✓	2011	LINCOLN	2LNBL8EVXB757913	H517967	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.

CHOUDRY ALI

*Name (type or print)


*Signature

President

*Title (not required for sole proprietors)

01-17-14
*Date