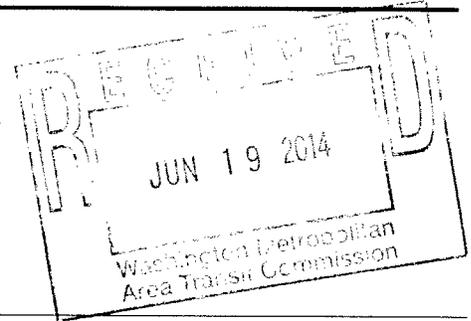


# Washington Metropolitan Area Transit Commission

## 2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

1658 American DC Limousine and Bus Service Inc.

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

3057 Nutley Street | 345 | Fairfax | VA | 22031

\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

3057 Nutley Street | 345 | Fairfax | VA | 22031

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

7032050033 | 7032321002 | adclimo@gmail.com

\*Telephone | Other Telephone | Fax | E-mail

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

1954051 | | | |  
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):

Tanya Ghareeb | General Manager

\*Name | \*Title

7032050033 | 7032321002 | adclimo@gmail.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](http://www.wmatc.gov).

George Katan | 7032050033 | adclimo@Gmail.com

Name of Registered Agent for Service of Process | Telephone | E-mail

3057 Nutley Street | 345 | Fairfax | VA | 22031

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.

N/A

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
001	2009	Int.	1HVBTAAM58H677916	P156362	VA	30	NO
002	2009	Ford	3E2N665639V13520	B44346	VA	32	NO
003	2007	Int.	1HVBTAAM67HY03310	445538	VA	26	NO
004	2008	Int.	1HVBTAAN68H677934	259200	VA	35	NO
005	2008	Ford	1FD3G5868DA41999	452145	VA	20	NO
006	2004	Lincoln	2LNHM83W74Y614388	A24312	VA	4	NO

7. **\*CERTIFICATION:**

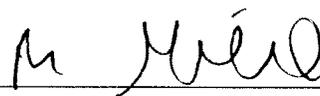
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Tanya Ghareeb

\*Name (type or print)

General Manager

\*Title (not required for sole proprietors)



\*Signature

06/15/2014

\*Date