

## Chris Aquino

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**From:** WMATC E-Filing <administrator@wmatc.gov>  
**Sent:** Friday, January 10, 2014 12:03 PM  
**To:** Chris Aquino  
**Subject:** 2014 Annual Report - WMATC No: 1705, Carrier Name: Saiprasad Medical Transportation LLC  
**Attachments:** 52d027c276254-2014-01-09 Saiprasad WMATC Vehicle List .doc

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### Washington Metropolitan Area Transit Commission 2014 Carrier Annual Report Form

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#### FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2014, must file a complete 2014 annual report and pay a \$150 annual fee on or before **January 31, 2014**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 2, 2014.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

#### **1. ANNUAL REPORT OF:**

**WMATC No.:** 1705

**Name of Carrier (as shown on certificate of authority):** Saiprasad Medical Transportation LLC

**Trade Name:**

**Principal Place of Business**

**Street Address:** 700 12th Street NW

**Apt./Suite:** 700

**City:** Washington

**State:** DC

**Zip:** 20005

**Mailing Address (if different from street address)**

**Street:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:** (703) 861-1621

**Other Telephone:**

**Fax Number:** (202) 403-3997

**E-mail:** [contact@spmedtransport.com](mailto:contact@spmedtransport.com)

**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):

**Name:** Moulin Lalaji

**Title:** Chairman of the Board & CEO

**Telephone Number:** (703) 861-1621

**Other Telephone:**

**Fax Number:** (202) 403-3997

**E-mail:** [contact@spmedtransport.com](mailto:contact@spmedtransport.com)

**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:**

**Agent Address:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:**

**E-mail:**

**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) upload a complete vehicle list to this form. Include **all** required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair
			See attached.				

**\*Your vehicle list was attached to your submission.**

**7. \*CERTIFICATION:**

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

**Name:** Moulin Lalaji  
**Title:** Chairman of the Board & CEO  
**Date:** 01/10/2014

Carrier Name: Saiprasad Medical Transportation LLC  
 WMATC Certificate of Authority No. 1705

**WMATC VEHICLE LIST**  
**(Submitted January 10, 2014)**

FLEET No.	YEAR	MAKE	VEHICLE VIN	LICENSE PLATE	STATE REGISTERED	SEATING CAPACITY
✓ 1	2009	Ford	1FTNE24W69DA83537	48768B	MD	5 amb* 2 wheel** - lift
✓ 2	2010	Ford	1FAHP2DW8AG157637	H518857	VA	4 amb
✓ 3	2010	Ford	2FMGK5BC1ABA58224	H518856	VA	7 amb
✓ 4	2010	Dodge	2D4RN4DE9AR248005	H518858	VA	3 amb 2 wheel - ramp
✓ 5	2010	Ford	1FTNS2EL8ADA68703	49876B	MD	5 amb 2 wheel - lift
✓ 6	2010	Ford	1FTNS2ELXADA68704	49875B	MD	5 amb 2 wheel - lift
✓ 7	2010	Ford	1FTNS2EL1ADA68705	49874B	MD	5 amb 2 wheel - lift
✓ 8	2011	Ford	2FMGK5BC1BBD31874	51346B	MD	7 amb
✓ 9	2011	Ford	2FMGK5BC6BBD03309	51347B	MD	7 amb
✓ 10	2012	Toyota	5TDZK3DC9CS177185	44433B	MD	7 amb
✓ 11	2012	Toyota	5TDZK3DC7CS181591	44434B	MD	7 amb

\**amb* stands for ambulatory seat

\*\* *wheel* stands for a wheel-chair seat