

Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

Washington Metropolitan
Transit Commission

1. CARRIER INFORMATION:

1734	Elite Limo Service, LLC			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
1701 East West Hwy	305	Silver Spring	MD	20910
*Street Address of Principal Place of Business				
Apt./Suite City State Zip				
Mailing Address (If different from street address)				
Apt./Suite City State Zip				
202-657-1131			info@elite-limoservice.com	
*Telephone				
Other Telephone Fax E-mail				

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

2045301			4201
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):

Frantisek Valyi	President		
*Name		*Title	
202-730-6103		info@elite-limoservice.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.

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.

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
01	2006	Lincoln	1LNHM84W46Y647219	51536B	MD	4	NO
02	2007	Lincoln	1LNHM84W47Y628039	04220LM	MD	4	NO
03	2007	Lincoln	1L1FM88W17Y630088	04185LM	MD	10	NO

7. ***CERTIFICATION:**

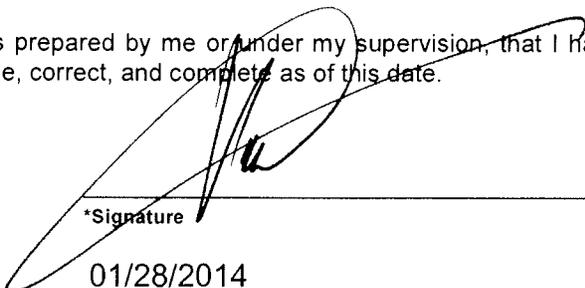
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Frantisek Valyi

 *Name (type or print)

President

 *Title (not required for sole proprietors)



 *Signature
 01/28/2014

 *Date