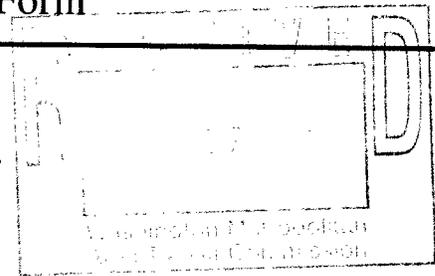


# Washington Metropolitan Area Transit Commission

## 2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



**1. CARRIER INFORMATION:**

1876	Bekkam Medical Transportation LLC			
<b>*WMATC No. *Name of Carrier (as shown on certificate of authority)</b>				
12508 O'Fallon Street		Silver Spring	MD	20904-1653
<b>*Street Address of Principal Place of Business</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State</b>
<b>Mailing Address (if different from street address)</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State</b>
(301) 789-4759		(301) 572-3902	nolirao@rediffmail.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

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

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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**3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):**

Mr. Someswara Rao Bekkam		Owner		
<b>*Name</b>		<b>*Title</b>		
(301) 789-4759		(301) 572-3902	nolirao@rediffmail.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

**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.

*not applicable no changes.*

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
1876	2011	FORD	VN1FTNE2EW1BDB-31997	51650B	MD	5	Wheelchair Lift

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.

SOMESWARA RAO BEKKAM  
 \*Name (type or print)

BRRad  
 \*Signature

OWNER  
 \*Title (not required for sole proprietors)

01-22-2014  
 \*Date