Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

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Washington Metropolitan
Area Transit Commission

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)
2217	A & W Services, LLC

*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
6720 Hawthorne Road		Laplata	MD	20646-4604

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

*Telephone	Other Telephone	Fax	E-mail
(202) 359-3093		(301) 743-7569	aandwservicesllc@gmail.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	*Title
Mr. Earl Andrews	President

*Telephone	Other Telephone	Fax	E-mail
(202) 359-3093	(240) 417-5372	(301) 743-7569	aandwservicesllc@gmail.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.

Name of Registered Agent for Service of Process	Telephone	E-mail
Latrice S. Andrews	(202) 726-1443	tandrews2000@gmail.com

Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
4412 Kansas Avenue, N.W.		Washington	DC	20011-7224

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
✓	2011	Lincoln	2LMHJ5AT5BBJ50810	56542B	MD	6	NO
✓	2010	Cadillac	1GYUKHEF1AR181186	56183B	MD	7	NO
	2011	Cadillac	1G6KH5E6XBU140602	56806B	MD	5	NO
✓	2011	Cadillac	1G6KH5E66BU101098	55924B	MD	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.

Robert D. Walker
***Name** (type or print)

***Signature**

VP/Managing Partner
***Title** (not required for sole proprietors)

JAN 8, 2014
***Date**