Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

RECEIVED
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Washington Metropolitan
Area Transit Commission

1. CARRIER INFORMATION:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)
607	Dafre, Inc., t/a Dafre Transportation

*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
6153 River Forest Drive		Manassas	VA	20112-3047

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

*Telephone	Other Telephone	Fax	E-mail
(703) 680-0987		(703) 670-4943	

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

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
0932446		8250	

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

*Name	*Title
Mr. Richard L. Payton	Treasurer

*Telephone	Other Telephone	Fax	E-mail
(703) 680-0987	703 201-4700	(703) 670-4943	

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
Beatrice Couser	(301) 839-6026	

Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
9202 Friar Road		Fort Washington	MD	20744-6803

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.

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
466	2007	GMC	1GDJ931627120608	E35 693	VA	14	NO
467	2010	GMC	1GJZGZDO4 1180925	E36 816	VA	11	NO
468	2013	GMC	1GJZ7Z FG8D 1172717	E16 409	VA	11	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.

RICHARD L. PAYTON
***Name** (type or print)

Richard L Payton
***Signature**

TREASURER
***Title** (not required for sole proprietors)

1/27/14
***Date**