Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 13
Washington Metropolitan
Area Transit Commission

1. CARRIER INFORMATION:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)
644	American Eagle Limousine & Travel Service, Inc

*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
8390 Terminal Road, #C		Lorton	VA	22079-1450

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

*Telephone	Other Telephone	Fax	E-mail
(703) 550-7200		(703) 550-7799	tony@americaneaglelimo.com

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

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
957047		253	2209

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

*Name	*Title
Mr. Tony Ahmad	Owner

*Telephone	Other Telephone	Fax	E-mail
(703) 550-7200		(703) 550-7799	tony@americaneaglelimo.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

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
186	2006	Hummer	5GRGN23U56H100453	AMEGL86	VA	22	N
189	2007	Cadillac	1GYFK63897R128519	AMEGL89	VA	22	N
224	2008	Ford	1FD4E45S58DA08776	AMEGL24	VA	22	N
226	2008	Ford	1FD4E45S18DA26174	AMEGL26	VA	22	N
227	2008	Ford	1FD4E45S08DA65127	AMEGL27	VA	22	N
230	1999	Gillig	15GGE2615X1090271	AMEGL30	VA	35	N

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.

Najib U Ahmad
***Name** (type or print)

Najib Ahmad
***Signature**

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

1-7-14
***Date**