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:

695	Angelic Luxury Coach, Inc.
*WMATC No.	*Name of Carrier (as shown on certificate of authority)

8739 D'arcy Road		Forestville	MD	20747-2611
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip

(301) 336-8500		(301) 336-4555	admin@angelicluxurycoach.com
*Telephone	Other Telephone	Fax	E-mail

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

996873			~~2708~~ 695
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):

Mr. Ernest Givens	President
*Name	*Title

(301) 336-8500		(301) 336-4555	admin@angelicluxurycoach.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

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.

ERNEST GIVEAS
***Name** (type or print)

***Signature**

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

1/6/14
***Date**

Angelic Vehicle Details

Fleet No	Make	Year	Vin #	Tag#	State	Capacity	ADA	Annual Last Inspectio
1411	Vanhool	2001	YE2CC128512045729	007P46	MD	57	NO	9/13/2013
1412	Vanhool	2000	YE2TC13B4Y2044113	007P47	MD	60-61	NO	9/13/2013
1413	Vanhool	1998	YE2TC62BW2043659	008P09	MD	57	NO	10/5/2013
1414	Vanhool	2000	YE2TC12B9Y2043976	007P48	MD	57	NO	10/13/2013
1415	Vanhool	2000	YE2TCI2BOY2043977	007P49	MD	57	NO	10/10/2013
1416	Vanhool	1998	YE2TC62BIW2043660	008P10	MD	60-61	NO	10/1/2013
1417	Vanhool	1999	YE2TC62BOX2043683	007P50	MD	57	NO	10/6/2013
1418	Vanhool	2000	YE2TC12B2Y2043978	007P51	MD	57	NO	10/10/2013
1419	Vanhool	2000	YE2TC12BOY2043865	007P52	MD	57	NO	10/1/2013
1420	Vanhool	2000	YE2TC12B9Y2043881	007P53	MD	60-62	NO	8/1/2013
1421	Vanhool	2000	YE2TC12BXY2043940	007P84	MD	60-62	NO	10/16/2013
1422	Vanhool	1995	YE2TB75B8S2018561	009P18	MD	36	NO	8/1/2013
1423	Ford	2003	1FDWE45FX3HB77611	33IE90	MD	18 PLUS 2 W/C	YES	10/17/2013
1424	Vanhool	2002	YE2CC22B622045780	020P14	MD	51 PLUS 2 W/C	YES	10/15/2013
1425	Ford	1999	1FBSS3IL8XHB37510	1AP6718	MD	7 PLUS 2 W/C	YES	10/17/2013
1426	Vanhool	2003	YE2TC22B432044595	035757N	MD	51 PLUS 2 W/C	YES	10/2/2013
1427	Vanhool	2001	YE2CC22B612045745	021P97	MD	51 PLUS 2 W/C	YES	10/16/2013

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