Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

868	Corporate Transportation Services, LLC, t/a CTS
*WMATC No.	*Name of Carrier (as shown on certificate of authority)

10 Acacia Lane		Dulles	VA	20166-9307
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
44319 Ladiesburg Place		Ashburn	VA	20147-2864
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip

(703) 858-5353		(703) 729-9130	amerfarooq@gmail.com
*Telephone	Other Telephone	Fax	E-mail

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

2077517		546	~~546~~
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. Amer Farooq	President
*Name	*Title

(703) 858-5353	(202) 460-9001	(703) 729-9130	amerfarooq@gmail.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.

Mohinder Seerand	(301) 564-9582	
Name of Registered Agent for Service of Process	Telephone	E-mail

10201 Grosvenor Place, #1019		Rockville	MD	20852-4645
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.

NONE

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
	2009	LINCOLN	1LNHM94R29G608171 ✓	CTS28	VA	4	NO
	2011	CHEVORLET	1GNSKKE32BR244840	CTS29	VA	6	NO
	2009	LINCOLN	2LNHM82VX9X617317 ✓	CTS26	VA	4	NO
	2004	FORD	1FDXE45F23HB58670 ✓	CTS14	VA	15	NO
	2007	FORD	1FBSS31L57DB05654 ✓	HS15620	VA	15	NO
	2007	LINCOLN	1LNHM81VX7Y630549 ✓	CTS15	VA	4	NO
	2006	LINCOLN	1LNHM84W56Y635466 ✓	CTS27	VA	4	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.

AMER FARUQQ
***Name** (type or print)

***Signature**

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

1/18/14
***Date**