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)
925	Carroll's Transportation Services, Inc., t/a Carroll's Comfort Lines

*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
2751 Marshall Hall Road		Bryans Road	MD	20616-3295

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
P.O. Box 408		Bryans Road	MD	20616-0408

*Telephone	Other Telephone	Fax	E-mail
(301) 404-7869		(301) 375-8411	manager@carrollstransportation.com

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

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
1188840			3020

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

*Name	*Title
Mr. Carroll A. Brown, Jr.	President

*Telephone	Other Telephone	Fax	E-mail
(301) 404-7869	(301) 283-2930	(301) 375-8411	manager@carrollstransportation.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
Stuart Yeager	(202) 842-0850	

Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
1050 17th Street, N.W., #600		Washington	DC	20036-5503

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
	2013	Ford	1FDXE4FSXCDA90640	013P48	MD	24	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.

CARROLL A BROWN
***Name** (type or print)

***Signature**

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

1/24/14
***Date**