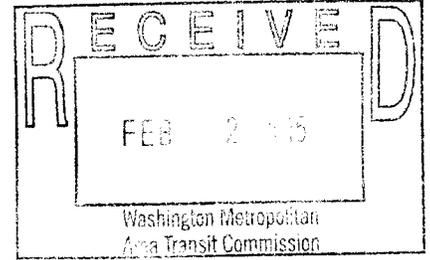


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

1340 | Gary Alan Baker, t/a Landmark Limousine & Sedan Service

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

11707 Talley Court | | Oakton | VA | 22124-1251  
\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

P.O. Box 100026 | | Arlington | VA | 22210-3026  
Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(703) 716-7660 | | (703) 716-0631 | Gbaker4325@aol.com

\*Telephone | Other Telephone | Fax | E-mail

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

| | T25000950/393 | |  
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. Gary Alan Baker | Sole Proprietor

\*Name | \*Title

(703) 716-7660 | | (703) 716-0631 | Gbaker4325@aol.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](http://www.wmatc.gov).

Janice N. Baker | (703) 638-9867 | janiceb20120@gmail.com

Name of Registered Agent for Service of Process | Telephone | E-mail

6001 Netherton Street | | Centreville | VA | 20120  
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.

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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
See Attached List							

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.

GARY A. BAKER

\*Name (type or print)

owner

\*Title (not required for sole proprietors)



\*Signature

1/29/15

\*Date

**2014 Vehicle List****Landmark Limousine**

Year	Make	VIN	Plate	State	Capacity
2013	GMC Van	1GJZ71FG1D1130276 ✓	H510502	VA	12
2013	Hyundai Equus	KMHGH4JHXDU059747 ✓	LNDMRK5	VA	4
2013	Lincoln Navigator	5LMJJ3J56DEL08224 ✓	214HAD	VA	6
2010	Cadillac DTS	1G6KD5EY6AU112890 ✓	275HAC	VA	4
2012	Hyundai Equus	KMHGH4JH5CU056365 ✓	252HAB	VA	5
2012	Linc Navigator L	5LMJJ3J52CEL04573 ✓	419HAB	VA	6
2014	Hyundai Equus	KMHGH4JH8EU085071	250HAB	VA	4

