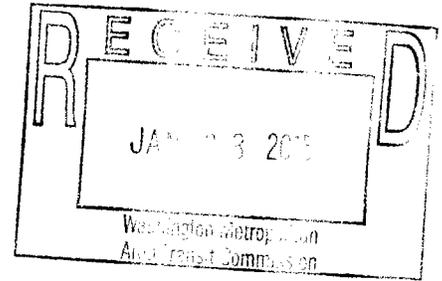


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

1392 Associates Tours & Travel, L.L.C.

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

4203 Georgia Avenue, N.W. Washington DC 20011-7244

\*Street Address of Principal Place of Business

Apt./Suite

City

State

Zip

2231 Hidden Valley Lane

Silver Spring

MD

20904-5241

Mailing Address (if different from street address)

Apt./Suite

City

State

Zip

(301) 879-2277

(240) 535-4517

(301) 236-0698

mickeyjohnson926@hotmail.com

\*Telephone

Other Telephone

Fax

E-mail

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

416223

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. Ramon P. Johnson

President

\*Name

\*Title

(301) 879-2277

(240) 535-4517

(202) 547-2702

mickeyjohnson926@hotmail.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).

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.

N/A

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
F144	1990	MCI	1M8GDM9A5LP043171	005P71	MD	47	No
	2004	Lincoln	1LNHM84W64Y662902	03661LM	MD	5	No
	2007	Chev	1GABG390571188727	08735P	MD	15	No

7. **\*CERTIFICATION:**

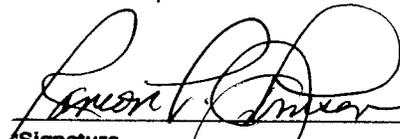
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Ramon P. Johnson

\*Name (type or print)

Owner/President

\*Title (not required for sole proprietors)



Signature

January 27, 2015

\*Date