

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Thursday, January 08, 2015 2:58 PM
To: Constantine Kolouas; Chris Aquino
Subject: 2015 Annual Report - WMATC No: 1551, Carrier Name: C.P.R. Medical Transportation LLC
Attachments: 54aee133dee70-2015-01-08 CPR Vehicle List .pdf

Washington Metropolitan Area Transit Commission 2015 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2015, must file a complete 2015 annual report and pay a \$150 annual fee on or before **February 2, 2015**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2015.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 1551

Name of Carrier (as shown on certificate of authority): C.P.R. Medical Transportation LLC

Trade Name:

Principal Place of Business

Street Address: 7600 Georgia Avenue N.W.

Apt./Suite: 306A

City: Washington

State: DC

Zip: 20012

Mailing Address (if different from street address)

Street:
Apt./Suite:
City:
State:
Zip:

Telephone Number: (202)590-0484
Other Telephone: (240)469-0159
Fax Number: (202)726-1114
E-mail: contact@cprmedicaltransport.com

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

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):

Name: Chetna Mehta
Title: Chairperson of the Board & CEO
Telephone Number: (202)590-0484
Other Telephone:
Fax Number: (202)726-1114
E-mail: contact@cprmedicaltransport.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:

Agent Address:
Apt./Suite:
City:
State:
Zip:
Telephone Number:
E-mail:

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.

Following a transfer by Mr. Mehta, a member of C.P.R. Medical Transportation LLC (the "Company") of 27% of ownership in the Company to Mrs. Mehta, the second member of the Company, Mrs. Mehta holds 97% of the Company, and Mr. Mehta holds 3% of the Company.

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below; **or** (2) upload a complete vehicle list to this form. Include **all** required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair
			See attached.				

***Your vehicle list was attached to your submission.**

7. *CERTIFICATION:

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

Name: Kirti Meha
Title: Vice President
Date: 2015-01-08

Carrier Name: C.P.R. Medical Transportation LLC
 WMATC Certificate of Authority No.: 1551

UPDATED WMATC VEHICLE LIST

(January 8, 2015)

FLEET No.	YEAR	MAKE	VEHICLE VIN	LICENSE PLATE	STATE REGISTERED	SEATING CAPACITY
1	2008	Ford	1FBSS31L88DA17733	B47782	DC	15 ambulatory seat ("amb")
2	2009	Ford	1FTNS24W09DA88628	44316B	MD	3 amb 2 wheel chair seat ("wheel") - lift
3	2010	Ford	1FAHP3FN5AW154761	44321B	MD	4 amb
4	2008	Toyota	5TD2K23C38S186497	44322B	MD	4 amb 1 wheel - ramp
5	2010	Toyota	5TDKK4CC8AS337207	44318B	MD	4 amb 1 wheel - ramp
6	2010	Ford	1FTSS3EL3ADA10572	49791B	MD	5 amb 1 wheel - lift
7	2010	Ford	1FTNS2EL8ADA58222	49371B	MD	5 amb 2 wheel - lift
8	2010	Ford	1FTNS2EL5ADA68707	49372B	MD	5 amb 2 wheel - lift
9	2010	Ford	1FTNS2EL6ADA58221	49373B	MD	5 amb 2 wheel - lift
10	2011	Toyota	5TDKA3DC9BS006469	44340B	MD	7 amb
11	2011	Toyota	5TDKA3DC7BS006521	44341B	MD	7 amb
12	2011	Toyota	5TDKA3DC9BS007945	49301B	MD	7 amb
13	2011	Toyota	5TDKA3DC0BS006490	49306B	MD	7 amb
14	2010	Ford	1FTNS2EL9ADA65499	49311B	MD	4 amb 2 wheel - lift
15	2010	Ford	1FTNS2EL3ADA65501	49312B	MD	4 amb 2 wheel - lift
16	2011	Ford	1FBSS3BL7BDA35498	49321B	MD	15 amb
17	2011	Ford	1FBSS3BL7BDA81171	49320B	MD	15 amb
18	2011	Ford	1FBSS3BL4BDA74372	49792B	MD	15 amb
19	2011	Ford	1FBSS3BL4BDA78017	B47776	DC	15 amb
20	2011	Ford	1FTSS3EL2BDB14195	51677B	MD	5 amb 2 wheel - lift
21	2011	Ford	1FTNS2EW1BDB11743	51678B	MD	5 amb 2 wheel - lift
22	2011	Ford	1FTSS3EL1BDB27276	51701B	MD	4 amb 2 wheel - lift
23	2011	Ford	1FTNS2EW0BDB27836	51700B	MD	4 amb 2 wheel - lift
24	2011	Ford	FBASS3BL2BDA33500	B47775	DC	15 amb
25	2012	Toyota	5TDKK3DC9CS267020	53919B	MD	7 amb
26	2007	Ford	1FTNS24W37DB37852	54682B	MD	3 amb 2 wheel - lift
27	2014	Ford	1FTNS2EW8EDA16701	57281B	MD	4 amb 2 wheel - lift