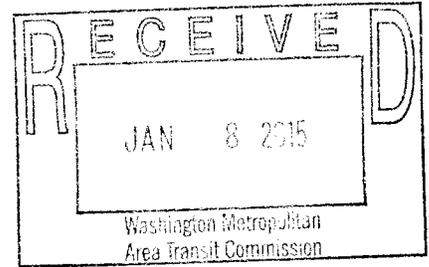


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2268 | On Time Trans Inc.

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

6269 Leesburg Pike, #209		Falls Church	VA	22044-2103
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip

Mailing Address (if different from street address)		City	State	Zip
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(703) 932-5446		(703) 533-3659	ontimetransinc@yahoo.com
*Telephone	Other Telephone	Fax	E-mail

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

2418267			
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. Jose A Chavarria	President
*Name	*Title
(703) 932-5446	(703) 533-3659 ontimetransinc@yahoo.com
*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.

Name of Registered Agent for Service of Process		Telephone		E-mail	
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip	

