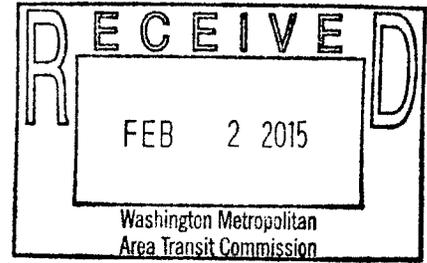


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



**1. CARRIER INFORMATION:**

266 | McLean School Bus Service, Inc.

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

7905 Marlboro Pike		Forestville	MD	20747-4415
<b>*Street Address of Principal Place of Business</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
P.O. Box 146 **		Brentwood	MD	20722-0146
<b>Mailing Address (If different from street address)</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
(301) 736-8600		(301) 736-8700		
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

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

559648			1876
<b>USDOT No.</b>	<b>DCTC No.</b>	<b>Virginia DMV passenger carrier No.</b>	<b>Maryland PSC No.</b>

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

Mr. Abner McLean	President
<b>*Name</b>	<b>*Title</b>
(301) 736-8600 (240) 375-1908	(301) 736-8700
<b>*Telephone</b>	<b>Other Telephone</b>
	<b>Fax</b>
	<b>E-mail</b>

**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).

Abner McLean		(301) 736-8600		
<b>Name of Registered Agent for Service of Process</b>	<b>Telephone</b>	<b>E-mail</b>		
7905 Marlboro Pk		Forestville, Va	MD	20747
<b>Agent Address (must be inside Metropolitan District)</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

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.

No Such Changes 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
121	2005	Subaru	WKKKA34CD65300263	012P07	MD	56	NO
123	2005	Subaru	WKKKA34CD65300259	012P08	MD	56	NO
125	1994	VanHool	YE2TA73B7R2024884	0716P	MD	49	NO
127	2005	Subaru	WKKKA34CD25300260	012P09	MD	56	NO
129	2005	Subaru	WKKKA34CD45300261	012P10	MD	56	NO
131	2008	BCI	LWBCA8AD78A45056	009P98	MD	56	NO
133	2008	BCI	LWBCA8AD08A45058	009P60	MD	54	YES
135	2008	BCI	LWBCA8AD08A45054	009P61	MD	56	NO
137	2011	Freightliner	1FVACVYDU7BDAX0206	017P09	MD	35	NO
139	2012	Freightliner	1FVACXDT9CHBE8648	021P15	MD	39	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.

Abner McLean

\*Name (type or print)

President

\*Title (not required for sole proprietors)

Abner McLean

\*Signature

01/29/15

\*Date