Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

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Washington Metropolitan Area Transit Commission

1. CARRIER INFORMATION:

277	Haymarket Transportation, Inc., t/a Haymarket Trans., Inc.
*WMATC No.	*Name of Carrier (as shown on certificate of authority)

45580 Shepard Drive, #13		Sterling	VA	20164-4466
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
8300 Grey Eagle Drive		Upper Marlboro	MD	20772
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip

(703) 433-9760	(800) 754-3195	(703) 433-9764	htioffice@haymarkettrans.com
*Telephone	Other Telephone	Fax	E-mail

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

563362			
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):

~~Ms. Seble Seyoum~~ Steve Wade	General Manager Accounting Dept.
*Name	*Title

(703) 433-9760	(800) 754-3195	(703) 433-9764	sebles@haymarkettrans.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.

Fritz Kahn	(202) 263-4152	
Name of Registered Agent for Service of Process	Telephone	E-mail

1920 N Street NW, 8th Floor		Washington	DC	20036
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

rev. 12/17/2014

VEHICLE LIST 1.29.15

HayMarket Transpostation

BUS #	Make/Model	VIN#	TAG #	Seats	Wheel Chair
40	05 VanHool T-2145	YE2TC15B752044311	018P22 (MD)	57	NO
45	07 INT'L MINI BUS *3200	1HVBTAAN07H426308	018P25 (MD)	36	NO
46	07 INT'L MINI BUS *3200	1HVBTAAN07H426311	018P26 (MD)	36	NO
48	07 INT'L MINI BUS *3200	1HVBTAAN97H426310	018P29 (MD)	36	NO
52	07 PREVOST, MC H3-35	2PCH334997C710912	018P27 (MD)	55	NO
53	07 PREVOST, MC H3-35	2PCH334947C710915	018P28 (MD)	55	NO
56	07 CHEVEY, 10 PAX Van-Terra	1GBJG31U571196528	H513536 (VA)	10	NO
57	07 CHEVEY, 10 PAX Van-Terra	1GBJG31U771116484	H513550 (VA)	14	YES
59	07 SUV CAD Escalade T-2145	1GYFK66867R387027	H512993 (VA)	6	NO
60	08 VanHool T-2145	YE2TC17B482044847	018P32 (MD)	57	NO
61	08 VanHool T-2145	YE2TC17B482044848	018P33 (MD)	57	NO
62	08 VanHool T-2145	YE2TC17B282044850	018P34 (MD)	57	NO
63	08 VanHool T-2145	YE2TC17B682044849	018P35 (MD)	57	NO
64	09 BCI Coach	LA9CACTD69NJXK004	018P36 (MD)	56	NO
65	09 BCI Coach	LA9CACTDX9NJXK006	018P37 (MD)	56	NO
66	12 Prevost, MC H3-45	2PCH33493CC712066	020P42 (MD)	57	YES
67	13 Prevost, MC H3-45	2PCH33499DC712350	022P33 (MD)	56	NO
68	13 Prevost, MC H3-45	2PCH33492DC712352	022P32 (MD)	56	NO
69	08 INTL Mini 20 Pax IC BE	4DRARAFK98A636183	023P54 (MD)	20	NO
70	15 Prevost, MC H3-45	2PCH33499FC712870	474611N (MD)	56	NO
71	15 Prevost, MC H3-45	2PCH33494FC712873	472987N (MD)	56	NO
72	15 Prevost, MC H3-45	2PCH33496FC712874	472989N (MD)	56	NO
73	15 Prevost, MC H3-45	2PCH33491FC712877	472992N (MD)	56	NO

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.

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					

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.

*Name (type or print)

*Signature

*Title (not required for sole proprietors)

*Date

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