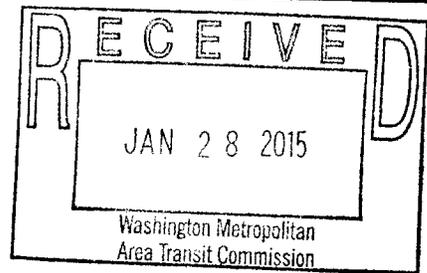


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



**1. CARRIER INFORMATION:**

399	Lamont and Wade Associates				
<i>*WMATC No. *Name of Carrier (as shown on certificate of authority)</i>					
1917 U Place, S.E.			Washington	DC	20020-4605
<i>*Street Address of Principal Place of Business</i>		<i>Apt./Suite</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
8917 Santeetlah Road			Clinton	MD	20735-4302
<i>Mailing Address (if different from street address)</i>		<i>Apt./Suite</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
(202) 889-0104	(301) 297-8546	(301) 297-5458			
<i>*Telephone</i>	<i>Other Telephone</i>	<i>Fax</i>	<i>E-mail</i>		

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

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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**3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):**

Ms. Zenobia Wade		Vice-President	
<i>*Name</i>		<i>*Title</i>	
(301) 297-8546	(301) 297-8546	(301) 297-5458	
<i>*Telephone</i>	<i>Other Telephone</i>	<i>Fax</i>	<i>E-mail</i>

**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.

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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
1	2009	FORD	1FB5S31L39DA57557	B45251	DC	15	NO
2	2007	Chev	1GN DV133W87D145463	B44239	DC	7	NO
3	2006	FORD	1FB5S31L86DB27517	B44271	DC	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.

Newobia Wade

\*Name (type or print)

VP Vice President

\*Title (not required for sole proprietors)

Newobia Wade

\*Signature

1/28/15

\*Date