

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 13 2016

**1. CARRIER INFORMATION:**

1008 | Prestige Limousine L.L.C.

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

5314 New Church Court		Fairfax	VA	22032-2913
<b>*Street Address of Principal Place of Business</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

Mailing Address (if different from street address)		City	State	Zip
--	--	------	-------	-----

(703) 278-8000	(703) 978-4525		
----------------	----------------	--	--

*Telephone	Other Telephone	Fax	E-mail
------------	-----------------	-----	--------

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

245923	600	3194	
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. Rory J. Kelly	Representative
-------------------	----------------

*Name	*Title
-------	--------

(703) 278-8000	(703) 978-4525		
----------------	----------------	--	--

*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](http://www.wmatc.gov).

Name of Registered Agent for Service of Process	Telephone	E-mail
---	-----------	--------

Agent Address (must be inside Metropolitan District)		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.

---



---



---

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
001	2007	Lincoln	1LNHM84W67Y608133	1H512979	VA	6	No
002	2006	Lincoln	1L1FM88W46Y603353	1H514608	VA	9	No
003	2006	Lincoln	1L1FM88W94Y641712	1H509969	VA	9	No
004	2006	Bmw	WBAHN835460T25646	482HAB	VA	5	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.

Rozzy Kelly  
 \*Name (type or print)

R. J. Kelly  
 \*Signature

Owner  
 \*Title (not required for sole proprietors)

1/11/16  
 \*Date