

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

FEB - 5 2016

### 1. CARRIER INFORMATION:

1315   United Cerebral Palsy of Wash. D.C. + Northern VA.				
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
3135 8 <sup>th</sup> Street N.E.			Washington	DC   20017
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
same as above				
Mailing Address (if different from street address) Apt./Suite City State Zip				
202-269-1800		240-412-7039	202- <del>269-1800</del>	dcarter@ucpdc.org
*Telephone	Other Telephone	Fax 526-0519	E-mail	

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

N/A			
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):

Dawn Carter		Executive Director	
*Name		*Title	
202-269-1500	240-412-7039	2-526-0519	dcarter@ucpdc.org
*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).

Anthony Reeves		202-457-6704	arceves@dcregisteredagent.com	
Name of Registered Agent for Service of Process		Telephone	E-mail	
1120 20 <sup>th</sup> Street, NW		300	Washington	DC   20036
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.

*N/A*

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.

*See Attached van List*

Fleet No. if applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/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.

Dawn Carter

\*Name (type or print)

Executive Director

\*Title (not required for sole proprietors)

Dawn Carter

\*Signature

2/5/16

\*Date

Fleet No.	Model YEAR	Make	VIN Number	License Plate	State Registered	Seating Capacity	Wheelchair
1	2011	Ford	1FBSS3BL1BDA85233	B-44404	Wash. DC	12	
2	2010	Ford	1FBNE3BL78DA6682	B-45407	Wash. DC	12	
6	2012	Ford	1FTN524W08PA39895	B-40945	Wash. DC	12	
7	2008	Ford	1FTSS3EL65DP04857	B-45158	Wash. DC	12	YES
8	2012	Ford	1FTSS3E160DB23693	B46359	Wash. DC	12	Yes
10	1998	Ford	2B7LB31Z2WK117866	B45142	Wash. DC	12	Yes
3	2011	Dodge	1FTSS3E198DB35884	B46116	Wash. DC	12	Yes
4	2012	Ford	1FBNES3BL4CDA4925	B46359	Wash. DC	12	
5	2010	Ford	1FBNE3BL3ADA55105	B45408	Wash. DC	12	
9	2008	Ford	1FTN524W18DA39887	B44692	Wash. DC	12	Yes
11	2014	Ford	1FTSS3EL2ED35873	B49860	Wash. DC	12	
12	2013	Ford	1FBNE3BL8DDA05224	B49879	Wash. DC	12	