

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

APR 25 2016

**1. CARRIER INFORMATION:**

1462	Omega Transportation Services, LLC			
<small>*WMATC No.    *Name of Carrier (as shown on certificate of authority)</small>				
19 Willow Spring Court		Germantown	MD	20874-5371
<small>*Street Address of Principal Place of Business</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>
<small>Mailing Address (if different from street address)</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>
(301) 428-1354	301 685-6710	(301) 685-1578	omegatransco@gmail.com	
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>	

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

			3567
<small>USDOT No.</small>	<small>DCTC No.</small>	<small>Virginia DMV passenger carrier No.</small>	<small>Maryland PSC No.</small>

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

Mrs. Gladys A. Aguilar	Secretary		
<small>*Name</small>		<small>*Title</small>	
(240) 252-0212	301 685-6710	(301) 685-1578	omegatransco@gmail.com
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>

**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).

<small>Name of Registered Agent for Service of Process</small>	<small>Telephone</small>	<small>E-mail</small>
<small>Agent Address (must be inside Metropolitan District)</small>	<small>Apt./Suite</small>	<small>City</small>
		<small>State</small>
		<small>Zip</small>

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.

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	2006	Ford	1FMRE11276DA39429	4032B	MD	5	Yes
2	2005	Dodge	2D4EP24RX5R108642	3252B	MD	4	Yes
3	2014	Dodge	2C4RDGCG3ER120773	60841B	MD	5	Yes

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.

Gladys Aguilera  
\*Name (type or print)

Secretary Owner  
\*Title (not required for sole proprietors)

[Signature]  
\*Signature  
[Signature]  
\*Date  
4/25/2016