

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN - 6 2016

1. CARRIER INFORMATION:

1704 QUEEN B TRANSPORTATION LLC				
<small>*WMATC No. *Name of Carrier (as shown on certificate of authority)</small>				
12915 CLARION ROAD		FT. WASHINGTON	MD	20744
<small>*Street Address of Principal Place of Business Apt./Suite City State Zip</small>				
SAME				
<small>Mailing Address (if different from street address) Apt./Suite City State Zip</small>				
202-369-1840	202-528-3207		QUEEN B TRANSPORT @ G-MAIL.COM	
<small>*Telephone Other Telephone Fax E-mail</small>				

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

			4636
<small>USDOT No. DCTC No. Virginia DMV passenger carrier No. Maryland PSC No.</small>			

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

JIMMY FRANKLIN BEST SR				OWNER
<small>*Name</small>				<small>*Title</small>
202-369-1840	202-528-3207		QUEEN B TRANSPORT @ G-MAIL.COM	
<small>*Telephone Other Telephone Fax 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.

<small>Name of Registered Agent for Service of Process Telephone E-mail</small>		
<small>Agent Address (must be inside Metropolitan District) Apt./Suite City State 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
	2008	Ford	1FDWE35568DA 92304	041304M	MD	14	NO
	2011	CALESV	1GYS4HEF7BR3255875	58057B	MD	8	NO
	2016	Ford Transit	1FBVU4XG8GKA 16969	10170P	MD	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.

JIMMY FRANKLIN BEST Sr
*Name (type or print)

Jimmy Franklin Best Sr
*Signature

PRESIDENT
*Title (not required for sole proprietors)

1-6-16
*Date