

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

FEB - 8 2015

1. CARRIER INFORMATION:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)				
1795	ALIREZA ZIAFATMADARY / Airport Connector				
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
4277 Milcrest Terrace			Deerwood	MD	20855
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
3019966999					
*Telephone	Other Telephone	Fax	E-mail		
			airportconnector@gmail.com		

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

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):

*Name	*Title
ALIREZA ZIAFATMADARY	OWNER
*Telephone	E-mail
3019966999	airportconnector@gmail.com

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.

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.

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	Taxi	2010 Lincoln	2LNBL8CV9AX63				
1	TC 2010	Lincoln	2LNBL8CV9AX631690	48633B	MD	4	—

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.

ALIREZA ZIAFATMADARY

*Name (type or print)

Owner

*Title (not required for sole proprietors)



*Signature

Feb 108/2016

*Date