

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 11 2016

**1. CARRIER INFORMATION:**

1924	Coughlin, Inc.				
<b>*WMATC No.   *Name of Carrier (as shown on certificate of authority)</b>					
7961 Queenair Drive			Gaithersburg	MD	20879-4137
<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)		Apt./Suite	City	State	Zip
(301) 977-8500	(301) 370-6188	(301) 977-8502	coughlinbus@aol.com		
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>		

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

1079950			4511
<b>USDOT No.</b>	<b>DCTC No.</b>	<b>Virginia DMV passenger carrier No.</b>	<b>Maryland PSC No.</b>

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

Mr. Robert J. Coughlin, Jr.		President		
<b>*Name</b>		<b>*Title</b>		
(301) 977-8500	(301) 370-6188	(301) 977-8502	coughlinbus@aol.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

**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).

<b>Name of Registered Agent for Service of Process</b>	<b>Telephone</b>	<b>E-mail</b>
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.

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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
272	2015	Thomas	4U2ABRDTXFC6F2588	10675P	Md	40	No
273	2013	Ford	1FD1GF5GT5DEB64925	10624P	Md	28	No
277	2013	Ford	1FD1AF5GT9DEB78512	10791P	Md	28	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.

Robert J. Coughlin Jr  
 \*Name (type or print)

[Signature]  
 \*Signature

President  
 \*Title (not required for sole proprietors)

11/7/16  
 \*Date