

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 27 2016

**1. CARRIER INFORMATION:**

1964	City Trips Limited Liability Company				
<b>*WMATC No.    *Name of Carrier (as shown on certificate of authority)</b>					
10514 Calumet Drive			Silver Spring	MD	20901-4608
<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) 346-5811					citytrips21@gmail.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):**

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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**3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):**

Mr. Joseph Y Mokeria		CEO/President		
<b>*Name</b>		<b>*Title</b>		
(301) 346-5811				citytrips21@gmail.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).

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.

*No changes*

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	2008	Lincoln Town Car	2LNHM82W38X651039	53081B	MD	4	NO
2	2011	Lincoln MKT	2LNHJSAT7BBJ50193	5G489B	MD	6	NO
3	2012	Chrysler Suburban	1GN5CJE04CR270676	57162B	MD	6	NO
4	2012	Chrysler 300	2C3CCACG5CH277394	57875B	MD	4	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.

*Daynes Solomon*  
 \*Name (type or print)

*Daynes Solomon*  
 \*Signature

*Representative*  
 \*Title (not required for sole proprietors)

*01/28/16*  
 \*Date