

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

FEB 8 2016

1. CARRIER INFORMATION:

2217 | A&W Services, LLC

*WMATC No. *Name of Carrier (as shown on certificate of authority)

6720 Hawthorne Rd | | La plata | MD | 20646

*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(202) 359-3093 | (240) 417-5372 | (301) 743-7569 | aandwservicesllc@gmail.com

*Telephone | Other Telephone | Fax | E-mail

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

5043

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):

Earl B. Andrews | President

*Name | *Title
(202) 359-3093 | | aandwservicesllc@gmail.com

*Telephone | Other Telephone | Fax | E-mail

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.

Latrice S. Andrews | (202) 726-1443 | tandrews2000@gmail.com

Name of Registered Agent for Service of Process | Telephone | E-mail

4412 Kansas Ave NW | | Washington | DC | 20011

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.

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
	2012	Lincoln	2LMHJ5AT2CBL55034 ✓	56849B	MD	6	NO
	2011	Cadillac	1G6KH5E6XBU140602 ✓	56806B	MD	5	NO
	2015	Cadillac	2G61L5S33F9189924 ✓	59192B	MD	5	NO
	2015	Cadillac	1GYS4SKJ5FR682791 ✓	60059B	MD	7	NO
	2015	Cadillac	1GYS4RKJ2FR722057 ✓	59191B	MD	7	NO
	2016	Cadillac	1GYS4GKJ7GR224796	60080B	MD	7	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.

Earl B. Andrews

*Name (type or print)

President

*Title (not required for sole proprietors)


*Signature

2/8/16
*Date