Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

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1. CARRIER INFORMATION:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)
2370	Royal Sedan Service LLC

*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
2810 Dorr Avenue, #S		Fairfax	VA	22031-1513

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

*Telephone	Other Telephone	Fax	E-mail
(703) 417-9390			info@dcroyalsedan.com

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

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
2419026			

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

*Name	*Title
Mr. Ali Abuelhawa	President

*Telephone	Other Telephone	Fax	E-mail
(703) 417-9390			info@dcroyalsedan.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
	2013	Mercedes Benz Sprinter	WDZPE8CC5D5768778	H521518	VA	15	NO
	2013	Mercedes Benz Sprinter	WDZPE8CCXD5807669	H523907	VA	15	NO
	2014	Mercedes Benz Sprinter	WDZPE8DC5E5849084	H524554	VA	12	NO
101	2014	Freightliner	1FVACWDU6EHFT4907	H524561	VA	37	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.

Ali Abuelhawa
*Name (type or print)

President
*Title (not required for sole proprietors)

*Signature

01/20/2016
*Date