

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 20 2016

### 1. CARRIER INFORMATION:

2438	Wholistic Services, Inc			
*WMATC No.	*Name of Carrier (as shown on certificate of authority)			
680 Rhode Island Avenue, N.E., #G1		Washington	DC	20002-1269
*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) 832-8787		(202) 832-1192		
*Telephone	Other Telephone	Fax	E-mail	

### 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. Robert Arnold Thomas	Corporate Secretary		
*Name	*Title		
(202) 832-8787		(202) 832-1192	Robert.Thomas@wholisticservicesinc.c
*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](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.

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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
	2014	FORD	1FB5S3BL2EDA02140	B48029	DC	15	N
	2014	FORD	1FTSS3EL4EDA18458	B45242	DC	15	Y
	2014	FORD	1FB5S3BL8EDA20836	B45240	DC	15	N
	2014	FORD	1FB5S3BL6EDA20835	B45239	DC	15	N
	2014	FORD	1FTNS2EW68DDB27275	B46066	DC	15	Y

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 A. THOMAS  
 \*Name (type or print)

Robert A. Thomas  
 \*Signature

CORPORATE SECRETARY  
 \*Title (not required for sole proprietors)

1/19/16  
 \*Date