

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 19 2016

1. CARRIER INFORMATION:

2572	All-Pro Tours LLC				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
3100 Muskogee Street			Adelphi	MD	20783-1462
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
8500 Mike Shapiro Road, #418			Clinton	MD	20735-2128
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
(202) 438-7421					
*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.

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

Mr. Neddy J Vernon		Member	
*Name		*Title	
(202) 438-7421	—	301 8686208	Vernonneddy@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.

N/A			
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.

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
515	1994	MCI	1M8PDMPA6RP046298	07816P	MD	55	NO
008	2002	VAN HOOI	YE2CC12B322045844	026P56	MD	59	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.

Neddy J. Vernon

*Name (type or print)

Neddy J. Vernon

*Signature

President Owner

*Title (not required for sole proprietors)

1-12-16

*Date