Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

FEB

1. CARRIER INFORMATION:

266	McLean School Bus Service, Inc.
*WMATC No.	*Name of Carrier (as shown on certificate of authority)

7905 Marlboro Pike		Forestville	MD	20747-4415
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
P.O. Box 146		Brentwood	MD	20722-0146
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip

(301) 736-8600		(301) 736-8700	
*Telephone	Other Telephone	Fax	E-mail

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

559648			1876
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. Abner McLean	President
*Name	*Title

(301) 736-8600	(240) 375-1908	(301) 736-8700	
*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.

Mr Abner McLean	(301) 736-8600	
Name of Registered Agent for Service of Process	Telephone	E-mail

7905 Marlboro Pike		Forestville	MD	20747
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 Such Changes 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
121	2005	Setra	WKKA34CD653000262	012P07	MD	56	NO
125	1994	Vanhool	YE2TA73B1R2024884	070167	MD	49	NO
127	2005	SETRA	WKKA34CD253000260	012P09	MD	56	NO
129	2005	Setra	WKKA34CD453000261	012P10	MD	56	NO
131	2008	BCI	WUECABAD08A450058	009P60	MD	56	NO
137	2011	Freightliner	1FVACYDT7BDAX0206	017P09	MD	35	NO
139	2012	Freightliner	1FVACXDT9CHBE8648	021P15	MD	40	NO
141	2015	CARIO	4UZFDGDV3ECPR5167	009P60	MD	56	YES

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.

Homer McLean
***Name** (type or print)

***Signature**

President
***Title** (not required for sole proprietors)

01/28/16
***Date**