Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Thursday, April 28, 2016 4:31 PM
To: Constantine Kolouas; Chris Aquino
Subject: 2016 Annual Report - WMATC No: 277, Carrier Name: Haymarket Transportation, Inc.
Attachments: 572272febed7c-Vehicle List 2016.xls

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2016, must file a complete 2016 annual report and pay a $175 annual fee on or before **February 1, 2016.** To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.

- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.

- Each carrier that fails to file a complete annual report on time will be assessed a **$150 late fee**. Each carrier that fails to pay the $175 annual fee on time will be assessed a separate **$150 late fee**.

- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2016.

- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:
WMATC No.: 277
Name of Carrier (as shown on certificate of authority): Haymarket Transportation, Inc.
Trade Name: Haymarket Trans., Inc.
Principal Place of Business
Street Address: 8300 Grey Eagle Drive
Apt./Suite:
City: Upper Marlboro
State: MD
Zip: 20772

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

Zip:

Telephone Number: (301)778-2007
Other Telephone: (703)433-9760
Fax Number: (301)516-4224
E-mail: accounting@haymarkettrans.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):
USDOT No.: 00563362
DCTC No.:
Virginia DMV passenger carrier No.:
Maryland PSC No.:

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):
Name: Shelia Pryor
Title: Accountant
Telephone Number: (301)778-2007
Other Telephone:
Fax Number: (301)516-4224
E-mail: accounting@haymarkettrans.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:
Agent Address:
Apt./Suite:
City:
State:
Zip:
Telephone Number:
E-mail:

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) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair

***Your vehicle list was attached to your submission.**

7. *CERTIFICATION:
I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.
Name: George Mouratidis
Title: President
Date: 04/27/2016