

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 21 2016

1. CARRIER INFORMATION:

775 TRANSIT PRO TRANSPORTATION SERVICES, LLC

*WMATC No.	*Name of Carrier (as shown on certificate of authority)				
1822 Metzgerott Rd	106	Adelphi	MD	20783	
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
1822 Metzgerott Rd		106	Adelphi	MD	20783
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
2404449993	2407552221				
*Telephone	Other Telephone	Fax	E-mail		
			transitprotransportation@gmail.com		

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):

TINA PERKINS		OWNER	
*Name		*Title	
2404449993	2407552221		transitprotransportation@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.

Linda Smith		2407552221	
Name of Registered Agent for Service of Process		Telephone	E-mail
416 Oneida St, N2			Washington DC 20011
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 CHANGES

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
	2010	Honda	5FRRL3H60AB067872	60051B	MD	7	yes
	2015	Toyota	JTDKN3D43F0451781	59953B	MD	5	NO
	2009	Toyota	4T1BE46K394290522	5534B	MD	5	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.

Tina Perkins

*Name (type or print)

OWNER

*Title (not required for sole proprietors)

Tina Perkins

*Signature

01/21/16

*Date