

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

2782	Us Capital Sedan LLC				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
5021 Seminary Road, #1119			Alexandria	VA	22311-1936
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
(571) 535-0424	(703) 625-9555			moustafa.g6@gmail.com	
*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. Moustafa Youssef Aly		President		
*Name		*Title		
(571) 535-0424	(703) 625-9555		moustafa.g6@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.

Moustafa Aly		571 535 0424	Moustafa.G6@gmail.com		
Name of Registered Agent for Service of Process		Telephone	E-mail		
5021 Seminary Rd		1119	AFCX	VA	22311
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
	2015	CHEVROLET	1GNSKJKC9FR67257	USCS01	VA	7	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.

Mustafa Aly
 *Name (type or print)
President
 *Title (not required for sole proprietors)

M.A.W
 *Signature
02/01/2016
 *Date