

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 11 2016

**1. CARRIER INFORMATION:**

868	Corporate Transportation Services, LLC, t/a CTS			
<b>*WMATC No.   *Name of Carrier (as shown on certificate of authority)</b>				
10 Acacia Lane		Dulles	VA	20166-9307
<b>*Street Address of Principal Place of Business</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State</b>
44319 Ladiesburg Place			Ashburn	VA
<b>Mailing Address (if different from street address)</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State</b>
(703) 858-5353			amerfarooq@gmail.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

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

2077517		546	<del>546</del>
<b>USDOT No.</b>	<b>DCTC No.</b>	<b>Virginia DMV passenger carrier No.</b>	<b>Maryland PSC No.</b>

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

Mr. Amer Farooq	President			
<b>*Name</b>		<b>*Title</b>		
(703) 858-5353	(202) 460-9001		amerfarooq@gmail.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

**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](http://www.wmatc.gov).

Mohinder Seerand	(301) 564-9582		
<b>Name of Registered Agent for Service of Process</b>		<b>Telephone</b>	<b>E-mail</b>
10201 Grosvenor Place, #1019		Rockville	MD
<b>Agent Address (must be inside Metropolitan District)</b>		<b>Apt./Suite</b>	<b>City</b>
			<b>State</b>
			<b>Zip</b>
			20852-4645

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.

NONE

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
2	2011	CHEVROLET	1GNSKKE32BR244840	CTS 29	VA	4	NO
2	2004	FORD	1FDXE45F23HB58670	CTS 14 H55620	VA	15	NO
3	2007	FORD	1FB5531L57DB05654	H55620	VA	15	NO
4	2013	LINCOLN	1LNHL9EK9D6604423	CTS 30	VA	4	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.

AMER FAROOQ

\*Name (type or print)



\*Signature

PREPSONT

\*Title (not required for sole proprietors)

1/8/16

\*Date