

WASHINGTON METROPOLITAN
AREA TRANSIT COMMISSION
8701 Georgia Avenue, Suite 808
Silver Spring, MD 20910-3700
(301) 588-5260

AP-15-244

**APPLICATION TO OBTAIN, TRANSFER, OR AMEND
IRREGULAR ROUTE AUTHORITY**

Payment Amount: \$300.00. **Name on card:** Yousef Hammad. **Card Type:** MasterCard
Date and time submitted: October 25, 2015 09:48pm

USE THIS FORM to obtain, transfer, or amend authority to transport passengers for hire in motor vehicles over irregular routes between points in the Washington Metropolitan Area Transit District (Metropolitan District). A transfer of control over a carrier or a carrier's assets or operations.

THE METROPOLITAN DISTRICT consists of the following:

- The District of Columbia;
- Alexandria, Falls Church, Arlington County, and Fairfax County, Virginia, and the political subdivisions located therein;
- Montgomery County and Prince George's County, Maryland, and the political subdivisions located therein;
- Washington Dulles International Airport; and
- All other cities now or hereafter existing in Maryland or Virginia within the borders of the foregoing cities, counties, and airport.

DO NOT USE THIS FORM to make a simple name change or to add a seating capacity restriction to an existing certificate or to obtain authority for passenger transportation solely in Virginia.

INSTRUCTIONS

1. Check type of application(s) below.
2. Part I - Read and complete.
3. Part II - Upload Attachment A *and if necessary*, Attachment B.
4. Part III - Read and submit Verification
5. Pay filing fee(s). See below.

Note: Application filing fees are in addition to any publication cost and costs associated with a hearing if one becomes necessary.

	Filing Fee	TYPE OF APPLICATION
<input type="checkbox"/>	\$0.00	Obtain Unrestricted Certificate of Authority - Operate any size vehicle (\$5 million insurance)
<input checked="" type="checkbox"/>	\$300.00	Obtain Restricted Certificate of Authority - Operate only vehicles seating 15 persons or less (\$1.5 million insurance)
<input type="checkbox"/>	\$0.00	Transfer Certificate (WMATC No.)
<input type="checkbox"/>	\$0.00	Transfer Control (of WMATC No.)
<input type="checkbox"/>	\$0.00	Remove Seating Capacity Restriction (of WMATC No.)
<input type="checkbox"/>	\$0.00	Obtain Temporary Authority
<input type="checkbox"/>	\$0.00	Obtain Temporary Approval of Transfer of Control
	\$300.00	Total Paid

PART I
Applicant Information

Form of Business

- Corporation
 LLC, LLP or LP
 Partnership
 Sole Proprietor
 Other

Name and Address

Applicant's complete legal name, street address, and phone MUST be completed (*)

For transfer applications, the applicant is the one to whom authority is being transferred.

A trade name is not required. If applicant wishes to conduct business under a name different from its legal name, indicate the trade name and include Attachment B.

For more information about Attachments A and B, see part II.

Legal Name: Elite Express Transportation LLC

Trade Name:

Street: 3816 Water Drop Court, **Apt./Suite:**

City: Burtonsville

State: MD

Zip: 20866

Mailing Address

Street: 3816 Water Drop Court, **Apt./Suite:**

City: Burtonsville

State: MD, **Zip:** 20866

Phone Number: (571)465-0400

Other Phone: , **Fax Number:** (571)465-0000

Email: info@eliteexpresstransportationllc.com

Contact

Applicants other than sole proprietors MUST designate a representative to receive filings, inquiries and correspondence regarding this application.

Sole proprietors may, but need not, designate a representative

Name: Ms. Elizabeth Majed Haddad

Title: President

Mailing Address

Street: 3816 Water Drop Court, **Apt./Suite:**

City: Burtonsville

State: MD, **Zip:** 20866

Phone Number: (571)465-0401

Other Phone: , **Fax Number:**

Email: eliteexpresstransportationllc@gmail.com

Agent

IF applicant's place of business is **outside** the Metropolitan District, an agent must be designated inside the Metropolitan District to accept service on behalf of applicant.

See page one for description of Metropolitan District.

Name:

Street:, Apt./Suite:

City:

State: , Zip:

Phone Number:

Other Phone: , Fax Number:

Email:

Common Control

Check one box to indicate whether applicant has a control relationship with one or more existing WMATC carriers. If so, specify the WMATC carrier(s).

Note: a control relationship is when, directly or indirectly, a WMATC carrier owns or controls applicant. applicant owns or controls a WMATC carrier, or a WMATC carrier and applicant are both owned or controlled by the same person or company. Examples of a control relationship include, but are not limited to: a parent-subsidiary relationship, overlapping management personnel, common ownership of applicant and a WMATC carrier by a person or holding company, or interlocking directorates.

- Applicant is in a common control relationship with one or more WMATC carriers - List WMATC number(s):
- Applicant has no WMATC carrier control relationship

Other Passenger Carrier Authority

Check one or more boxes to indicate whether applicant currently has authority from a federal and/or state agency for the purpose of transporting passengers for hire.

- District of Columbia DCTC No.:
- Maryland PSC No.:
- Virginia DMV passenger carrier No.:
- US DOT Number:
- Other state authority (List states):
- No passenger carrier authority

Fitness Findings

Check one box to indicate whether any transportation regulatory agency has investigated applicant or found applicant unfit within the past five years.

- Investigated
- Investigated and found unfit
- Not investigated and not found unfit

Bankruptcy

Check one box to indicate whether applicant is currently in bankruptcy.

- Yes - Chapter 7
- Yes - Chapter 11
- Yes - Chapter 13
- Not in bankruptcy

Vehicles

Check one or more boxes to indicate the type(s) of vehicles(s) applicant plans to use to provide for-hire passenger transportation.

For each type of vehicle checked, please provide a count of the vehicle(s) applicant plans to begin operations with. For each type of vehicle checked, indicate the maximum seating capacity, including the driver.

Type of Vehicles	Number of Vehicles	Seating Capacity
<input checked="" type="checkbox"/> Sedan	1	4
<input type="checkbox"/> Limousine	0	0
<input checked="" type="checkbox"/> SUV	1	7
<input type="checkbox"/> Van	0	0
<input type="checkbox"/> Minibus	0	0
<input type="checkbox"/> Motorcoach	0	0
<input type="checkbox"/> Other Type of Bus	0	0 (Specify Type):

Service and Rates

Check one or more boxes to indicate the type(s) of transportation service service and rates applicant proposes to charge.

- Charter
- Sightseeing
- Other Mileage or Hourly
- Airport Shuttle
- Medicaid
- Private-Pay Ambulatory & or Wheelchair
- Government Contract
- Private Contract

PART II

Attachments A and B

Attachment A: All Applicants MUST provide an Attachment A.

Sole Proprietors: Attach a copy of proprietor's driver's license.

General Partnerships: Attach a copy of the partnership agreement.

Corporations, LLCs, LLPs, and LPs: Attach a Certificate of Good Standing from the state where applicant was formed. The certificate must be dated within 6 months of the date the application is filed.

***Attachment A has been provided.**

Attachment B: If applicant wishes to use a trade name, include proof of trade name registration from the jurisdiction where applicant's principal place of business is located.

DC: Department of Consumer and Regulatory Affairs

MD: Department of Assessments and Taxation

VA: Circuit Court in the county or city where applicant's principal place of business is located.

Note: If applicant's principal place of business is located outside the District of Columbia, Maryland, and Virginia, applicant may submit proof of trade name registration from either: 1) the jurisdiction where applicant's principal place of business is located; or 2) from the jurisdiction inside the Metropolitan District where applicant's local office or designated agent is located.

***Attachment B has not been provided.**

PART III

Applicant's Verification

Verification

Applicant's verification applies to all information submitted in support of this application, including supplemental filings made after this initial submission.

An application by a sole proprietor must be verified by the sole proprietor.

An application by a corporation, LLC or similar entity must be verified by an officer.

An application by a partnership must be verified by a general partner.

I, Elizabeth Haddad, verify under penalty of perjury, under the laws of the United States of America, that I am qualified to make this application and that all information submitted in support of this application is true and correct to the best of my knowledge and belief.

I further verify that:

1. Applicant owns or leases, or has the means to acquire through ownership or lease, one or more motor vehicle(s) that meets the Commission's safety requirements and is suitable for the transportation proposed in this application.
2. Applicant has, or has the means to acquire, a motor vehicle liability insurance policy that provides the minimum amount of coverage required by Commission Regulation No. 58-02.
3. Applicant has access to, is familiar with and will comply with the Compact, the Commission's rules, regulations and orders, and Federal Motor Carrier Safety Regulations as they pertain to transportation of passengers for hire.

Name: Elizabeth Haddad

Title (not required for sole proprietors):President

Date: 10/25/2015

STATE OF MARYLAND
Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES , OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ELITE EXPRESS TRANSPORTATION LLC . REGISTERED OCTOBER 06, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 06, 2015.



Heidi Dudderar
Associate Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 0009840243
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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