

**WASHINGTON METROPOLITAN
AREA TRANSIT COMMISSION**

8701 Georgia Avenue, Suite 808
Silver Spring, MD 20910-3700
(301) 588-5260
www.wmatc.gov

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

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 authority includes a merger, acquisition or other 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 – Include Attachment A *and if necessary*, Attachment B.
4. Part III – Read and sign Verification
5. File the original.
6. 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.

For Commission Use Only
Case No. AP - 15 246
Date Filed:

RECEIVED

OCT 26 2015

TYPE OF APPLICATION (Check as Appropriate)	Filing Fee
<input checked="" type="checkbox"/> Obtain Unrestricted Certificate of Authority - Operate any size vehicle (\$5 million insurance)	\$300.00
<input type="checkbox"/> Obtain Restricted Certificate of Authority - Operate only vehicles seating 15 persons or less (\$1.5 million insurance)	\$300.00
<input type="checkbox"/> Transfer Certificate (WMATC No. _____)	\$300.00
<input type="checkbox"/> Transfer Control (of WMATC No. _____)	\$300.00
<input type="checkbox"/> Remove Seating Capacity Restriction (of WMATC No. _____)	\$300.00
<input type="checkbox"/> Obtain Temporary Authority	\$150.00
<input type="checkbox"/> Obtain Temporary Approval of Transfer of Control	\$150.00
Total Paid	\$ <u>300.00</u>

PART I
Applicant Information

Form of Business

» Check the box that describes applicant's form of business.

Corporation
 LLC, LLP or LP
 Other

Partnership
 Sole Proprietor

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 page 4.

Legal Name*	(as it appears on attachment A)				
	TUNDE ALARAPE <i>ALL WASHINGTON VIEW LLC</i>				
Trade Name	(as it appears on attachment B)				
	ALL WASHINGTON VIEW LLC				
Street Address*	Street	Apt./Suite	City	State	Zip
	9031 CONTEE RD	302	LAUREL	MD	20708
Mailing Address	Mail Address	Apt./Suite	City	State	Zip
	9031 CONTEE RD	302	LAUREL	MD	20708
Phone Number*	2024450594	Email	allwashingtonview@gmail.com		
Fax Number		Other Phone			

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	Mr./Ms.	First	Middle	Last
	<input checked="" type="checkbox"/> <input type="checkbox"/>	TUNDE		ALARAPE
Title	PRESIDENT			
Mailing Address	Mail Address	Apt./Suite	City	State Zip
	9031 CONTEE RD	302	LAUREL	MD 20708
Phone Number	2024450594	Email	allwashingtonview@gmail.com	
Fax Number		Other Phone		

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	Mr./Ms.	First	Middle	Last
	<input type="checkbox"/> <input type="checkbox"/>			
Street Address	Street	Apt./Suite	City	State Zip
Mailing Address	Mail Address	Apt./Suite	City	State Zip
Phone Number		Email		
Fax Number		Other Phone		

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 holds passenger carrier authority from a federal and/or state agency. If so, list applicant's assigned carrier number.

District of Columbia DCTC No. _____

USDOT No. 2557864

Maryland PSC No. _____

Other state authority (List states) _____

Virginia DMV passenger carrier No. _____

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 vehicle(s) applicant plans to use to provide for-hire passenger transportation.

» For each vehicle type checked, state the number of 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:	Sedan	Limousine	SUV	Van	Minibus	Motorcoach	Other (Specify type)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Vehicles:	_____	_____	_____	_____	<u>1</u>	_____	_____
Seating Capacity:	_____	_____	_____	_____	<u>30</u>	_____	_____

Service and Rates

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

Charter	Sightseeing	Other Mileage or Hourly	Airport Shuttle	Medicaid	Private-Pay Ambulatory & or Wheelchair	Government Contract	Private Contract
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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.

PART III
Applicant's Verification

Signature

>> 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 signed by the sole proprietor.
>> An application by a corporation, LLC or similar entity must be signed by an officer.
>> An application by a partnership must be signed by a general partner.

I, 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.

TUNDE ALARAPE

Name* (type or print)

PRESIDENT

Title* (not required for sole proprietors)



Signature*

10/25/15

Date*

STATE OF MARYLAND
Department of Assessments and Taxation

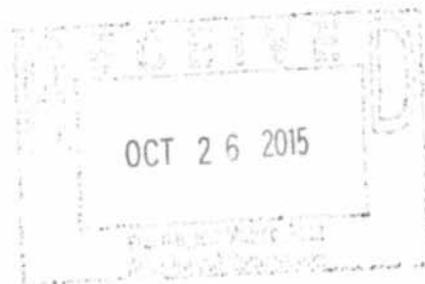
I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES , OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT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

I FURTHER CERTIFY THAT ALL WASHINGTON VIEW LLC , REGISTERED NOVEMBER 03, 2014, 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 22, 2015.



Heidi Dudderar
Associate Director



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Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 0009860195
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097
CRTGST