

**WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION
GENERAL TARIFF COVER**

For Commission Use Only	Filing Fee Paid \$ _____	Date Effective plus 60 days _____
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General Tariff No. GT- _____
Cancels General Tariff No. GT- _____
Date Filed at WMATC _____
Date Effective _____

1. WMATC Certificate of Authority No. _____
2. Carrier Name on Certificate of Authority: _____

Address _____

Telephone Number _____
3. Person authorized to file tariff on behalf of Carrier
Name _____
Title _____
Telephone Number _____
4. Date this tariff actually filed with WMATC _____
5. Date seven (7) calendar days after date on Line 4. _____
6. Effective Date of this tariff (not earlier than date on line 5). _____
7. Signature of Person named on Line 3.

NOTE: SEE COMMISSION REGULATION NOS. 55 AND 56. IF YOU HAVE A QUESTION ABOUT HOW TO COMPLETE THIS FORM, CALL THE COMMISSION AT (301) 588-5260.