

Washington Metropolitan Area Transit Commission

2018 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1119	Capital Care, Inc.				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
2401 Blueridge Avenue, #301			Silver Spring	MD	20902-4517
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
(202) 787-0333	(301) 949-0466			andjngw@capitalcareinc.com jbatupe@capitalcareinc.com	
*Telephone	Other Telephone	Fax	E-mail		

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

USDOT No.	DC DFHV 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. Paul T. Atang		President		
*Name		*Title		
(202) 787-0333	(301) 949-0466		andjngw@capitalcareinc.com jbatupe@capitalcareinc.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.

Name of Registered Agent for Service of Process	Telephone	E-mail		
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.

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
			See attached				

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.

AWONTI ETOO

 *Name (type or print)

awonti etoo

 *Signature

Transportation Manager

 *Title (not required for sole proprietors)

1/24/2018

 *Date

Model Year	Make	Vehicle VIN Number	License Plate Number	State Registered	Seating capacity	Wheel Chair ACCESS
2006	Toyota Sienna	5TDBA22C16S072386	59413B	MD	6	No
2008	Ford Econoline E250	1FTNS24W88DA92375	57886B	MD	4	Yes
2010	Ford Econoline	1FTNE2EW8ADA25139	56698B	MD	5	Yes
2010	Ford Econoline	1FMNE1BW8ADA54201	55045B	MD	5	Yes
2010	Ford Econoline	1FTNS2EW0ADA67541	58737B	MD	4	Yes
2011	Ford Econoline E350	1FBSS3BLXBDA33499	50261B	MD	3	Yes
2011	Toyota Sienna	5TDKA3DC3BS003910	62357B	MD	6	No
2012	Ford Econoline	1FBNE3BL8CDA89785	57198B	MD	5	Yes
2013	Ford Econoline	1FBNE3BLXDDA75131	58749B	MD	10	No
2013	Toyota Sienna	5TDKK3DC5DS289890	53156B	MD	6	No
2016	Dodge Grand Car.	2C4RDGGBG8GR320505	60267B	MD	4	Yes
2016	Ford Transit-150	1FBZX2ZM5GKA98059	60281B	MD	14	No
2016	Ford Transit-350	1FBZX2ZM0GKA74431	60291B	MD	14	No
2017	Dodge Grand Carav	2C4RDGGBG9HR784002	60296B	MD	4	Yes
2017	Ford Transit 150	1FMZK1CM5HKA76959	61638B	MD	5	Yes
2017	Toyota Sienna	5TDZZ3DC3HS874662	61637B	MD	6	No
2017	Toyota Sienna	5TDZZ3DC1HS874191	62700B	MD	6	No