

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Friday, January 26, 2018 4:30 PM
To: WMATC E-Filings
Subject: 2018 Annual Report - WMATC No: 1551, Carrier Name: C.P.R. Medical Transportation LLC
Attachments: 5a6b9de75120f-2018-01-23 CPR WMATC Vehicle List.doc

Washington Metropolitan Area Transit Commission 2018 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2018, must file a complete 2018 annual report and pay a \$175 annual fee on or before **January 31, 2018**. To be timely, the report and fee must be received at the WMATC office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2018.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 1551

Name of Carrier (as shown on certificate of authority): C.P.R. Medical Transportation LLC

Trade Name:

Principal Place of Business

Street Address: 7600 Georgia Avenue NW

Apt./Suite: 306A

City: Washington

State: DC

Zip: 20012

Mailing Address (if different from street address)

Street:

Carrier Name: C.P.R. Medical Transportation LLC
 WMATC Certificate of Authority No.: 1551

UPDATED WMATC VEHICLE LIST

(updated list 12/8/2017)

FLEET No.	YEAR	MAKE	VEHICLE VIN	LICENSE PLATE	STATE REGISTE RED	SEATING CAPACITY
1	2008	Ford	1FBSS31L88DA17733	B47782	DC	15 amb
2	2009	Ford	1FTNS24W09DA88628	B48968	DC	3 amb 2 wheel
3	2010	Ford	1FAHP3FN5AW154761	B45747	DC	4 amb
4	2008	Toyota	5TD2K23C38S186497	B43084	DC	4 amb 1 wheel
5	2010	Toyota	5TDKK4CC8AS337207	B48901	DC	4 amb 1 wheel
6	2010	Ford	1FTSS3EL3ADA10572	B48871	DC	5 amb 1 wheel
7	2010	Ford	1FTNS2EL8ADA58222	B48930	DC	5 amb 2 wheel
8	2010	Ford	1FTNS2EL5ADA68707	B48170	DC	5 amb 2 wheel
9	2010	Ford	1FTNS2EL6ADA58221	B48893	DC	5 amb 2 wheel
10	2011	Toyota	5TDKA3DC9BS006469	B47785	DC	7 amb
11	2011	Toyota	5TDKA3DC7BS006521	B47791	DC	7 amb
12	2011	Toyota	5TDKA3DC9BS007945	B47790	DC	7 amb
13	2010	Ford	1FTNS2EL9ADA65499	B47998	DC	4 amb 2 wheel
14	2010	Ford	1FTNS2EL3ADA65501	B47999	DC	4 amb 2 wheel
15	2011	Ford	1FBSS3BL7BDA35498	B47783	DC	15 amb
16	2011	Ford	1FBSS3BL7BDA81171	B48967	DC	15 amb
17	2011	Ford	1FBSS3BL4BDA74372	B47784	DC	15 amb
18	2011	Ford	1FBSS3BL4BDA78017	B49139	DC	15 amb
19	2011	Ford	1FTSS3EL2BDB14195	B48883	DC	5 amb 2 wheel
20	2011	Ford	1FTNS2EW1BDB11743	B48920	DC	5 amb 2 wheel
21	2011	Ford	1FTSS3EL1BDNB27276	60816B	MD	4 amb 2 wheel
22	2011	Ford	1FTNS2EW0BDB27836	B48768	DC	4 amb 2 wheel
23	2011	Ford	1FBSS3BL2BDA33500	B47775	DC	15 amb
24	2012	Toyota	5TDKK3DC9CS267020	B48902	DC	7 amb
25	2014	Ford	1FTNS2EW8EDA16701	57281B	MD	4 amb 2 wheel
26	2015	Ford	1FTSW2CM8FKA95504	B49126	DC	5 amb 2 wheel
27	2015	Ford	1FBZX2CM1FKB16516	B48903	DC	5 amb 2 wheel
28	2014	Ford	1FTSS3EL3EDB15313	61168B	MD	5amb 2 wheel
29	2016	Ford	1FBZX2ZM3GKB43516	61483B	MD	15 amb
30	2016	Ford	1FBZX2ZM7GKA91663	61481B	MD	12 amb
31	2016	Ford	1FBZX2ZM2GKB53535	61480B	MD	15 amb
32	2016	Ford	1FBZX2ZM5GKA91662	61482B	MD	12 amb
33	2016	Ford	1FBZX2ZM0GKB02129	61490B	MD	12amb
34	2016	Ford	1FBZX2YM2GKA82547	61713B	MD	15 amb
35	2014	Ford	1FTSS3EL5EDB19458	62136B	MD	4amb 3 wheel
36	2017	Ford	1FBZX2ZM8HKA36303	62148B	MD	15 amb
37	2017	Ford	1FBZX2ZM1HKA33730	62149B	MD	15 amb
38	2017	Ford	NMOGS9E77H1319935	B46095	DC	7 amb
40	2017	Ford	1FBZX2CM6HKA91017	62817B	MD	5amb 3Wheel

Carrier Name: C.P.R. Medical Transportation LLC
WMATC Certificate of Authority No.: 1551
Delete

FLEET No.	YEAR	MAKE	VEHICLE VIN	LICENSE PLATE	STATE REGISTE RED	SEATING CAPACITY
1	2011	Toyota	5TDKA3DC0BS006490	B48966	DC	Surrender Tags Vehicle
2	2007	Ford	1FTNS24W37DB37852	54682B	MD	Surrender Tags Vehicle
3	2016	Ford	1FBZX2ZMXGKB38846	61707B	MD	Surrender Tags Vehicle

Apt./Suite:

City:

State:

Zip:

Telephone Number: (202)590-0484

Other Telephone:

Fax Number: (202)726-1114

E-mail: contact@cprmedicaltransport.com

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

USDOT No.:

DC DFHV No.:

Virginia DMV passenger carrier No.:

Maryland PSC No.:

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

Name: Chetna Mehta

Title: President & CEO

Telephone Number: (202)590-0484

Other Telephone:

Fax Number: (202)726-1114

E-mail: contact@cprmedicaltransport.com

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:

Agent Address:

Apt./Suite:

City:

State:

Zip:

Telephone Number:

E-mail:

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.

No changes.

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
		See attached.					

***Your vehicle list was attached to your submission.**

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: Kirti Mehta

Title: Vice-President

Date: January 26, 2018