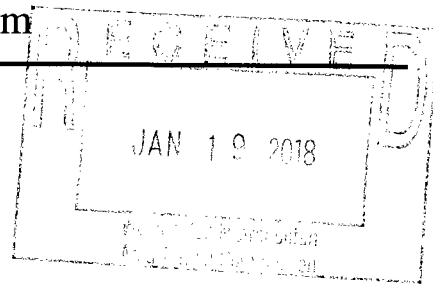


Washington Metropolitan Area Transit Commission

2018 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

159 Jewish Council for the Aging of Greater Wash., Inc.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

12320 Parklawn Drive Apt./Suite City State Zip
Rockville MD 20852-1726

*Street Address of Principal Place of Business

Apt./Suite

City

State

Zip

Mailing Address (if different from street address)

Apt./Suite

City

State

Zip

(301) 255-4227

(240) 252-3501

mgalil@accessjca.org

*Telephone

Other Telephone

Fax

E-mail

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

1031296

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):

Mr. Mordechai Galil

Dir. Trans.

*Name

*Title

(301) 255-4227

(240) 252-3501

mgalil@accessjca.org

*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

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.

MORDECHAI GALIZ
 *Name (type or print)

Mordechai Galiz
 *Signature

DIRECTOR OF TRANSPORTATION
 *Title (not required for sole proprietors)

1/9/18
 *Date

Jewish Council for the Aging - Fleet

Fleet No.	Year	Make	Vehicle VIN	License Plate	State Registered	Seating Capacity	Wheel-Chair
49	2006	Dodge/Van	WD0PD544065919187	60874B	Maryland	6	YES
51	2008	Ford / Bus	1FD4E45P98DA32851	08991P	Maryland	16	YES
55	2011	Ford / Bus	1FDFE4FS9BDB12184	08994P	Maryland	16	YES
56	2014	Ford / Bus	1FDFE4FS5EDA52425	08995P	Maryland	16	YES
57	2014	Ford / Bus	1FDFE4FS7EDA52426	08996P	Maryland	16	YES
58	2014	Ford / Bus	1FDFE4FS4EDA99042	08997P	Maryland	16	YES
59	2016	Ford / Bus	1FDFE4FS4GDC03838	08998P	Maryland	16	YES
60	2016	Ford / Bus	1FDFE4FS8GDC23591	08999P	Maryland	16	YES
61	2017	Ford / Bus	1FDFE4FSXHDC02565	10308P	Maryland	16	YES
62	2017	Ford / Bus	1FDFE4FS1HDC06732	10309P	Maryland	16	YES
63	2017	Ford / Bus	1FDFE4FS5HDC06734	10310P	Maryland	16	YES
64	2017	Ford / Bus	1FDFE4FS7HDC06735	10311P	Maryland	16	YES
65	2017	Ford / Bus	1FDFE4FS7HDC58740	10315P	Maryland	16	YES
66	2017	Ford / Bus	1FDFE4FS9HDC58741	10316P	Maryland	16	YES
67	2017	Ford / Bus	1FDFE4FS9HDC58738	10314P	Maryland	16	YES