

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
	18	Chery	1ENSKHKC1JR136215	Am SDN 5	VA	7	NO
	15	Lincoln	2LMHT5NK9FBLO0425	Am SDN 18	VA	4	NO
	17	Chery	1GNSKHKC9HR164788	Am SDN 16	VA	7	NO
	14	Lincoln	2LMHR5NK1EBL55806	Am SDN 34	VA	4	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.

Abed Abughannam
 *Name (type or print)

Owner
 *Title (not required for sole proprietors)


 *Signature

11/7/2018
 *Date