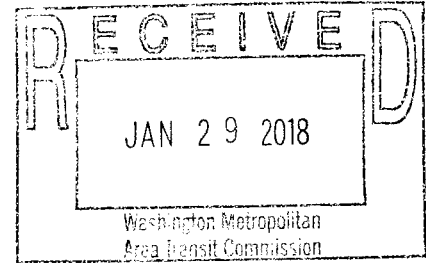


# Washington Metropolitan Area Transit Commission

## 2018 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



**1. CARRIER INFORMATION:**

1748 | Butler Medical Transport, LLC, t/a Butler Mobility

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

8804 Orchard Tree Lane | | Towson | MD | 21286

\*Street Address of Principal Place of Business    Apt./Suite    City    State    Zip

Mailing Address (if different from street address)    Apt./Suite    City    State    Zip

(410) 602-4007 | | (410) 753-1820 | lwhitney@butlermedicaltransport.com

\*Telephone    Other Telephone    Fax    E-mail

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

2313402 | | 2946

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):**

Mrs. Leslie Whitney | Training and Compliance Manager

\*Name    \*Title  
 (410) 602-4007 x118 | (410) 753-1820 | lwhitney@butlermedicaltransport.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](http://www.wmatc.gov).

Butler Medical Transport | (410) 602-4007 | lwhitney@butlermedicaltransport.com

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

19200 Chennaut Way | | Gaithersburg | MD | 20879

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.

No such changes have occurred

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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.<br>if applicable | *Model<br>Year | *Make | *Vehicle VIN<br>(17 digits) | *License Plate<br>Number | *State<br>Registered | *Seating<br>Capacity | Wheelchair<br>Lift or<br>Ramp<br>Yes/No |
|----------------------------|----------------|-------|-----------------------------|--------------------------|----------------------|----------------------|---|
| 10                         | 1995           | Ford  | 1FTFE24Y4SHB76402           | 48955B                   | MD                   | 3                    | YES                                     |
| 115                        | 2008           | Ford  | 1FTNE14W38DB29270           | 35576B                   | MD                   | 4                    | YES                                     |
| 215                        | 2008           | Ford  | 1FTNE14W48DB57045           | 35578B                   | MD                   | 3                    | YES                                     |
| 315                        | 2008           | Ford  | 1FTNE24W07DB43650           | 35577B                   | MD                   | 4                    | YES                                     |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |

7. **\*CERTIFICATION:**

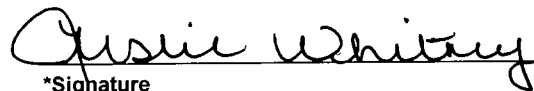
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Leslie Whitney

\*Name (type or print)

Training and Compliance Manager

\*Title (not required for sole proprietors)



\*Signature

01.19.2018

\*Date