

## Chris Aquino

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**From:** WMATC E-Filing <administrator@wmatc.gov>  
**Sent:** Friday, January 12, 2018 6:36 PM  
**To:** WMATC E-Filings  
**Subject:** 2018 Annual Report - WMATC No: 313, Carrier Name: Advanced Luxury Transportation, Inc.  
**Attachments:** 5a594655eece3-ALT Fleet list 2.xlsx

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### Washington Metropolitan Area Transit Commission 2018 Carrier Annual Report Form

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#### **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.:** 313

**Name of Carrier (as shown on certificate of authority):** Advanced Luxury Transportation, Inc.

**Trade Name:**

**Principal Place of Business**

**Street Address:** 1611 S Walter Reed Dr

**Apt./Suite:** 109

**City:** Arlington

**State:** VA

**Zip:** 22041

**Mailing Address (if different from street address)**

**Street:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:** (703)582-4711

**Other Telephone:**

**Fax Number:**

**E-mail:** [rkhanafseh@aol.com](mailto:rkhanafseh@aol.com)

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

**USDOT No.:** 1464724

**DC DFHV No.:**

**Virginia DMV passenger carrier No.:** 632

**Maryland PSC No.:** 4829

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

**Name:** Ronnie Khanafseh

**Title:** Fleet Manager

**Telephone Number:** (703)582-4711

**Other Telephone:**

**Fax Number:**

**E-mail:** [rkhanafseh@aol.com](mailto:rkhanafseh@aol.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](http://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.

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**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.

<b>Fleet No.</b>	<b>Year*</b>	<b>Make*</b>	<b>Vehicle VIN*</b>	<b>License Plate*</b>	<b>State*</b>	<b>Seating Cap.*</b>	<b>Wheel Chair</b>

**\*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:** Ronnie Khanafseh

**Title:** Fleet Manager

**Date:** 01/12/2018

Unit	Year	Make	P/C	Plate	Vin
303	2013	Ford		20 024P32	1FDFE4FSOCDB24645
304	2013	Ford		20 024P33	1FDFE4FS9CDB21999
305	2014	Ford		20 023P82	1FEFE4FSXDDB00225
306	2014	Ford		20 023P93	1FDFE4FS4DDA40054
307	2014	Ford		20 023P94	1FDFE4FS0DD93270
308	2014	Ford		20 026P47	1FDFE4FS0DDB00184
309	2009	Ford		20 026P93	1FDXE4FS7ADA49203
310	2016	Ford		20 030P43	1FDFE4FS4FDA17747
311	2016	Ford		20 030P44	1FDFE4FS0FSA19897
301	2007	Chevy		14 h516570	1GBJG31U461137095