

## Chris Aquino

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**From:** WMATC E-Filing <administrator@wmatc.gov>  
**Sent:** Friday, January 19, 2018 10:06 AM  
**To:** WMATC E-Filings  
**Subject:** 2018 Annual Report - WMATC No: 56, Carrier Name: Georgetown University  
**Attachments:** 5a6209654b542-WMATC Fleet ID List 19Jan17.xls

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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.:** 56

**Name of Carrier (as shown on certificate of authority):** Georgetown University

**Trade Name:** Georgetown University Transportation Shuttle

**Principal Place of Business**

**Street Address:** 3700 O Street, NW Kennedy Hall Mezzanine

**Apt./Suite:**

**City:** Washington

**State:** DC

**Zip:** 20057-0003

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

**Street:**

**Apt./Suite:**

**City:**  
**State:**  
**Zip:**

**Telephone Number:** (202)687-6877  
**Other Telephone:** (202)687-4372  
**Fax Number:** (202)687-3625  
**E-mail:** [nocksmid@georgetown.edu](mailto:nocksmid@georgetown.edu)

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

**USDOT No.:** 469279

**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:** Diann N. Smith

**Title:** Director

**Telephone Number:** (202)687-6877

**Other Telephone:** (202)687-4372

**Fax Number:** (202)687-3625

**E-mail:** [nocksmid@georgetown.edu](mailto:nocksmid@georgetown.edu)

**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:** Diann N. Smith

**Title:** Director

**Date:** 01/19/2018

## Fleet ID List

Fleet number	Mfg Year	Spec - Vehicle Make	Unit Serial Number	License Plate	Spec - State	Capacity
21-Loyola	2015	International	4DRSAAAP0FH638495	B49116	DC	26
22-Faber	2015	International	4DRSAAAP9FH638494	B49117	DC	26
23-Xavier	2015	International	4DRSAAAP4FH638497	B49107	DC	26
24-Canisius	2015	International	4DRSAAAP2FH638496	B49106	DC	26
31-Bellarmine	2015	International	4DRBAAARXFB638451	B49133	DC	34
32-Ricci	2016	International	4DRBAAARXGB638452	B49146	DC	34
33-Gonzaga	2016	International	4DRBAAAR1GB638453	B49144	DC	34
41-Claver	2015	International	4DRBAAAR2FB638458	B49132	DC	40
42-Pozzo	2015	International	4DRBAAAR4FB638459	B49130	DC	40
43-Kircher	2015	International	4DRBAAAR2FB638461	B49131	DC	40
44-Kino	2015	International	4DRBAAAR0FB638460	B49135	DC	40
45-Hopkins	2016	International	4DRBAAAR2GB638462	B49137	DC	40
46-McKenna	2016	International	4DRBAAAR4GB638463	B49134	DC	40
47-Hurtado	2016	International	4DRBAAAR6GB638464	B49136	DC	40
48-Murray	2016	International	4DRBAAAR8GB638465	B49145	DC	40
49-Delp	2016	International	4DRBAAARXGB638466	B49143	DC	40
Healy 3	2011	Dodge	2D4RN4DG1BR778956	DZ6827	DC	4