

# Washington Metropolitan Area Transit Commission

## 2019 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

1015	Mohammad Asghar Choudry, t/a Alexandria Limousine Service			
<small>*WMATC No.    *Name of Carrier (as shown on certificate of authority)</small>				
5799 Valley View Dr		Alexandria	VA	22310-1641
<small>*Street Address of Principal Place of Business</small>	<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
<small>Mailing Address (if different from street address)</small>				
703-994-7730		(866) 848-6628	fairfaxlimousine@msn.com	
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>	

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

1820170			
<small>USDOT No</small>	<small>DC DFHV No.</small>	<small>Virginia DMV passenger carrier No.</small>	<small>Maryland PSC No.</small>

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

Mr. Mohammad Asghar Choudry	Sole Proprietor
<small>*Name</small>	
<small>*Title</small>	
703-994-7730	(866) 848-6628    fairfaxlimousine@msn.com
<small>*Telephone</small>	<small>Other Telephone</small> <small>Fax</small> <small>E-mail</small>

**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).

<small>Name of Registered Agent for Service of Process</small>	<small>Telephone</small>	<small>E-mail</small>
<small>Agent Address (must be inside Metropolitan District)</small>		
<small>Apt./Suite</small>	<small>City</small>	<small>State</small> <small>Zip</small>

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) 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
915	1999	VANHOOL	YE2TC61B9X2043196	P159884	VA	57	NO
DC 1	2008	SETRA	WKKA34DD383000593	P159918	VA	56	NO
615	2006	INTER	1HVBTAAM66H333430	P159913	VA	32	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.

**MOHAMMAD ASGHAR CHOUDRY**

\*Name (type or print)

*M. Asghar Choudry*  
\*Signature

\*Title (not required for sole proprietors)

1/11/2019  
\*Date