

Washington Metropolitan Area Transit Commission

2019 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1354 | ST. JOHNS COMMUNITY SERVICES (DC)

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

901 D. STREET SW | 800 | WASHINGTON | DC | 20024

*Street Address of Principal Place of Business

Apt./Suite City

State

Zip

Mailing Address (if different from street address)

Apt./Suite City

State

Zip

(202) 274 3459

*Telephone

Other Telephone

Fax

E-mail

jjator@sjcs.org

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

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):

Jacob Yator | Property Manager

*Name

*Title

240 421 0369

*Telephone

Other Telephone

Fax

E-mail

jjator@sjcs.org

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.

Name of Registered Agent for Service of Process

Telephone

E-mail

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.

N/A

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. <small>If applicable</small>	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No

AS attached

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.

JACOB VATOR
*Name (type or print)

J. Vator
*Signature

PROPERTY Manager
*Title (not required for sole proprietors)

1.30.2019
*Date

SJCS-DC WMATC- # 1354 AS OF OCTOBER, 2018

YEAR	MAKE	MODEL	TAG #	STATE	VIN#	SEATING WHEELCHAIR CAPACITY LIFT OR RAMP
2018	Dodge	Grand Caravan	B45811	DC	2C4RDGGBG1JR138247	7 NO
2018	Dodge	Grand Caravan	B45812	DC	2C4RDGGBG8JR138262	7 NO
2016	Dodge	Grand Caravan	B47996	DC	2C4RDGGBG9GR204424	7 NO
2013	Dodge	Grand Caravan	B47997	DC	2C4RDGGBGXDR563163	7 NO
2014	Chevrolet	Express 3500	B45215	DC	1GAWGRFG8E1197122	7 NO
2016	Ford	Crusader	B49023	DC	1FDEE3FL2GDC18806	8-2 WC YES
2016	Ford 150	Transit Wagon	B48847	DC	IFMZK1YM8GKA01941	7 NO
2016	Ford 150	Transit Wagon	B48849	DC	IFMZK1YM6GKA01940	7 NO
2016	Ford 150	Transit Wagon	B48848	DC	IFMZK1YMXGKA01939	7 NO
2018	Ford 350	Super Duty	B48884	DC	1FTBW2CM6JKA26626	8-2 WC YES

Property Manager

Jacob A. Lator

[Signature] 01/23/2019