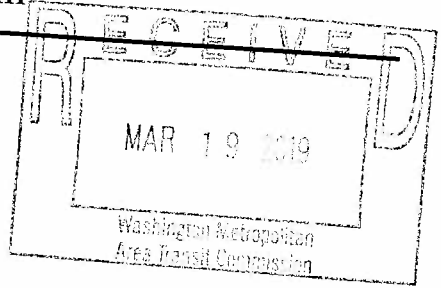


# Washington Metropolitan Area Transit Commission

## 2019 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

### 1. CARRIER INFORMATION:

\*WMATC No. 206 | \*Name of Carrier (as shown on certificate of authority) PARA-MED MEDICAL TRANSPORTATION INC.  
 \*Street Address of Principal Place of Business 14803-P SOUTHLAWN LANE | ROCKVILLE | MD | 20850  
Apt./Suite City State Zip  
 Mailing Address (if different from street address) \_\_\_\_\_  
Apt./Suite City State Zip  
 \*Telephone 301-838-8700 | Other Telephone 240-793-6574 | Fax 301-838-8704 | E-mail TSAFAI@YAHOO.COM

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

USDOT No. \_\_\_\_\_ | DC DFHV No. \_\_\_\_\_ | Virginia DMV passenger carrier No. \_\_\_\_\_ | Maryland PSC No. 5715

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

\*Name TEJAY SAFAI | \*Title VICE-PRESIDENT  
 \*Telephone 301-838-8700 | Other Telephone 240-793-6574 | Fax 301-838-8704 | E-mail TSAFAI@YAHOO.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 \_\_\_\_\_ | 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.

NONE

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

*List 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.

TEJAV SAFAI  
 \*Name (type or print)

VICE-PRESIDENT  
 \*Title (not required for sole proprietors)

[Signature]  
 \*Signature

3/12/19  
 \*Date

# WMATC Vehicle list Carrier: 206 Effective 3-10-2019 Para-Med

Fleet no.	Year	Model	Body type	Identification Number	License Plate	Motor Size	Passenger
1	3	Dodge	Promaster	3C6TRVPG3FE520283	62446B	V6	Under 8
2	4	Nissan	NV 2500	1N6BF0LX2CN109760	63462B	V6	Under 8
3	5	Nissan	NV 2500	1N6BF0LX1CN109748	63461B	V6	Under 8
4	6	Nissan	NV 2500	1N6BF0LY3DN109566	62320B	V6	Under 8
5	7	Nissan	NV 2500	1N6BF0LYxDN109533	62319B	V6	Under 8
6	10	Nissan	NV 2500	1N6BF0LX3CN109718	63071B	V6	Under 8
7	12	Nissan	NV 2500	1N6BF0LX6CN118025	63250B	V6	Under 8
8	14	Dodge	Promaster	3C6TRVPG6FE520200	10999P	V6	Under 8
9	16	Dodge	Promaster	3C6TRVPG8FE520294	61729B	V6	Under 8
10	17	Nissan	NV 2500	1N6BF0LX0CN111085	63072B	V6	Under 8
11	18	Dodge	Promaster	3C6TRVPG9FE520286	61794B	V6	Under 8
12	19	Dodge	Promaster	3C6TRVPG4FE520275	61726B	V6	Under 8
13	30	Ford	Star Bus	1FDEE3FS2HDC29345	62447B	V8	Under 8
14	31	Dodge	Promaster	3C6TRVPG5FE520222	10204P	V6	Under 8
15	32	Dodge	Promaster	3C6TRVPG8FE520215	62445B	V6	Under 8
16	33	Nissan	NV 2500	1N6BF0LY4DN106790	63251B	V6	Under 8