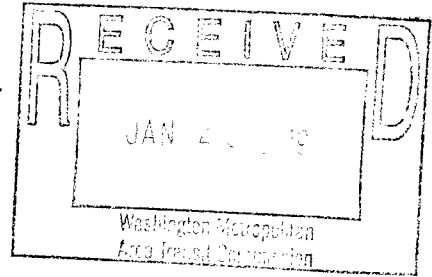


Washington Metropolitan Area Transit Commission

2019 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

411	Newton Bus Service, Inc.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
6838 Belroi Road		Gloucester	VA	23061-3827
*Street Address of Principal Place of Business		Apt./Suite	City	State
Mailing Address (if different from street address)		Apt./Suite	City	State
(804) 693-2521		(804) 693-7542	sales@charteredbus.com	
*Telephone	Other Telephone	Fax	E-mail	

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

121053			
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):

Ms. Kara Jones		Accountant	
*Name		*Title	
(804) 693-2521		(804) 693-7542	sales@charteredbus.com
*Telephone	Other Telephone	Fax	E-mail

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.*

United Motorcoach Association		(800) 424-8262	
Name of Registered Agent for Service of Process		Telephone	E-mail
113 South West Street, 4th Floor		Alexandria	VA
Agent Address (must be inside Metropolitan District)		Apt./Suite	City
			22314-2824
			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.

- No changes -

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

7. ***CERTIFICATION:**

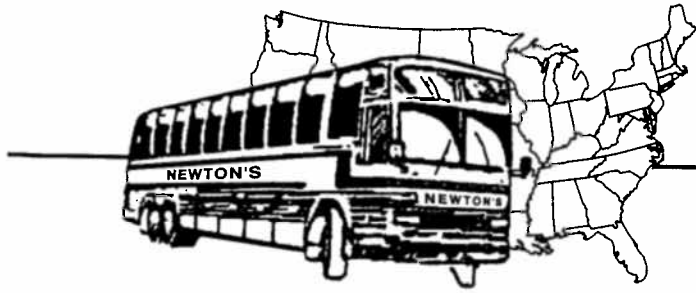
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Kara Jones
*Name (type or print)

Kara Jones
*Signature

Accountant
*Title (not required for sole proprietors)

01/07/2019
*Date



NEWTON BUS SERVICE, Inc.

6838 Belroi Road
 Gloucester, Virginia 23061
www.charteredbus.com
 804-693-2521

BUS NO.	SERIAL NO.	YEAR/ MAKE	VA LICENSE PLATE	SEATING CAPACITY	WHEELCHAIR LIFT
125	2PCL33493T1025787	1996 PREVOST	59836 P	55	NO
178	2PCL33490T1025858	1996 PREVOST	34789 P	55	NO
179	2PCL33495T1025872	1996 PREVOST	34790 P	55	NO
180	2PCL3349XV1026115	1997 PREVOST	34791 P	55	NO
181	2PCL3349XV1026117	1997 PREVOST	34792 P	55	NO
182	2PCL33491V1026150	1997 PREVOST	59838 P	55	NO
183	2PCL33491W1026473	1998 PREVOST	59839 P	55	NO
184	2PCL33499W1026477	1998 PREVOST	59840 P	55	NO
195	2PCX33493Y1027287	2000 PREVOST	34793 P	55	NO
196	2PCX33493Y1027301	2000 PREVOST	59841 P	55	NO
199	2PCX3349511027605	2001 PREVOST	59842 P	55	NO
200	2PCX3349011027611	2001 PREVOST	59843 P	55	NO
206	1M86DMHA39P058810	2009 MCI	34794 P	55	NO
207	1M86DMHA6AP059244	2010 MCI	34795 P	55	NO
208	2MG3JM8A9EW066579	2014 MCI	59844 P	56	YES
209	2MG3JM8A5FW067147	2015 MCI	34796 P	56	YES
210	2MG3JM8A7FW067148	2015 MCI	34797 P	56	YES
211	4RKG33496J9737483	2018 PREVOST	61207P	55	YES
212	2PCG33493KC736376	2019 PREVOST	67855P	55	YES