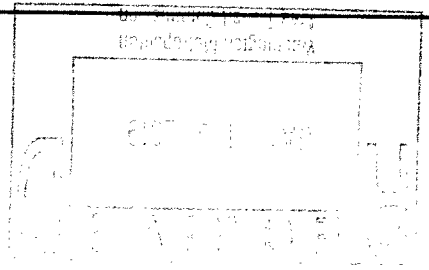


# Washington Metropolitan Area Transit Commission

## 2019 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

536 | Ontime Transportation Inc.

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

811 Upshur Street, N.W., #2 |    | Washington | DC | 20011-5836

\*Street Address of Principal Place of Business    Apt./Suite    City    State    Zip

6816 Landon Court |    | Greenbelt | MD | 20770-3047

Mailing Address (if different from street address)    Apt./Suite    City    State    Zip

(301) 474-6111 |    | (240) 296-1705 | ontimetrips@aol.com

\*Telephone    Other Telephone    Fax    E-mail

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

2447387 |    |    | 2414

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):**

Mr. Adamu Lemu | President

\*Name    \*Title

(301) 474-6111 |    | (240) 296-1705 | ontimetrips@aol.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](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.

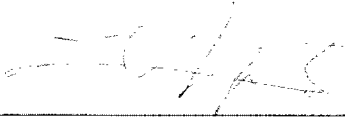
6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2009	CHEV VN	1GAHG39K091128677	54-251B	MD	15	NO
	2010	CHRY VN	2A4RR5DIXAR183910	57479B	MD	7	NO
	2012	FORD VN	1FDSS3BLXCDA17120	59595B	MD	12	NO
	2012	FORD VN	1FB553BLTCDA38175	55324B	MD	12	NO
	2014	Dodge CARRAVN VN	2C4RDGC66ER206384	B49894	DC	7	NO
	2014	CHEV VN	1GAZG7YFG9E1209169	59563B	MD	12	NO
	2017	CHEV VN	1GAZGPFG8H1216614	63400B	MD	15	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.

Adamu Lemu  
 \*Name (type or print)

  
 \*Signature

President  
 \*Title (not required for sole proprietors)

1-15-2019  
 \*Date