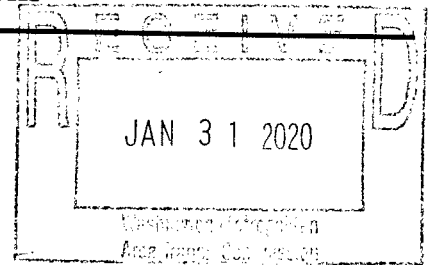


Washington Metropolitan Area Transit Commission

2020 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

64	Williams Bus Lines, Inc.				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
3438 Luttrell Road			Annandale	VA	22003-1260
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
P.O. Box 1272			Springfield	VA	22151-0272
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
(703) 560-5355		(703) 560-7851	williamsbus@aol.com		
*Telephone	Other Telephone	Fax	E-mail		

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

292798		161	
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. Tammy L Williams		President	
*Name		*Title	
(703) 560-5355		(703) 560-7851	williamsbus@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.*

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
			see 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.

Tammy L. Williams
*Name (type or print)

President
*Title (not required for sole proprietors)

Tammy L. Williams
*Signature

1-26-2020
*Date

Williams Bus Lines, Inc. -- WMATC No: 64 -- Vehicles 01-26-2020

Bus #	Year	Make	VIN#	VA Tag #	Wheelchair Lift or Ramp	State	Capacity
01	2009	Freightliner	4UZABRDJ69CAA6624	H508316	No	VA	78
03	2009	Freightliner	4UZABRDJ39CAA6628	H508318	No	VA	78
04	2008	IC	4DRBUAAN08B561243	H527352	No	VA	72
05	2006	Freightliner	4UZABTCSX6CU73257	H513625	No	VA	72
09	2006	THOMAS	1T7YT4A2X61272143	H513596	No	VA	78
11	2008	Bluebird	1BAKGCKA38F245356	H515632	No	VA	77
12	2004	International	4DRBRABN64A961811	H507180	No	VA	65
16	2006	IC	4DRBUAAP46A294953	H527353	No	VA	65
17	2008	Thomas	4UZABRDJX8CZ15188	H508306	No	VA	72
18	2007	Thomas	1T7YT4A2571287649	H508314	No	VA	84
19	2001	International	1HVBBABPXYH307024	H521550	No	VA	65
20	2000	INTERNATIONAL	1HVBBABP2XH256147	H519785	No	VA	65
24	2011	Thomas	4UZABRDU8BCAY0051	H519756	No	VA	14