

**Shanelle N. Hayes**

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**From:** WMATC E-Filing <compliance@wmatc.gov>  
**Sent:** Monday, January 11, 2021 1:49 PM  
**To:** WMATC E-Filings  
**Subject:** 2021 Annual Report - WMATC No: 1119, Carrier Name: Capital Care, Inc.

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**Washington Metropolitan Area Transit Commission**  
**2021 Carrier Annual Report Form**

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**FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2021, must file a complete 2021 annual report and pay a \$175 annual fee on or before **January 31, 2021**. To be timely, the report and fee must be received at the WMATC office by 4:30 p.m. on Friday, January 29, 2021, or submitted online by 11:59 p.m. on Sunday, January 31, 2021.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$150 late fee. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate **\$150 late fee..**
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2021.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture

Read the accompanying instructions carefully before completing this form.

**1. ANNUAL REPORT OF:**

**WMATC No.:** 1119

**Name of Carrier (as shown on certificate of authority):** Capital Care, Inc.

**Trade Name:**

**Principal Place of Business**

**Street Address:** 2401 Blueridge Ave

**Apt./Suite:** 301

**City:** Silver Spring

**State:** MD

**Zip:** 20902

**Mailing Address (if different from street address)**

**Street:** 2401 Blueridge Ave Ste 301

**Apt./Suite:** Ste 301

**City:** Silver Spring

**State:** MD

**Zip:** 20902

**Telephone Number:** 3019490466

**Other Telephone:**

**Fax Number:**

**E-mail:** aforde@capitalcareinc.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.:**

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

**Name:** Alex Forde

**Title:** Transportation Manager

**Telephone Number:** 2408990469

**Other Telephone:**

**Fax Number:**

**E-mail:** aforde@capitalcareinc.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:**

**Agent Address:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:**

**E-mail:**

**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) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
	2019	Toyota Sienna	5TDKZ3DC8KS967153	64163B	MD	8	
	2019	Ford Transit 150	1FMZK1CMXKKA02508	64184B	MD	4	
	2019	Dodge Grand Caravan	2C4RDGBG6KR580815	64167B	MD	7	
	2019	Dodge Grand Caravan	2C4RDGCG4KR672102	64187B	MD	7	
	2017	Dodge Grand Caravan	2C4RDGBG9HR784002	60296B	MD	5	
	2017	Dodge Grand Caravan	2C4RDGBG9HR808735	62701B	MD	5	
	2017	Toyota Sienna	5TDZZ3DC1HS874191	62700B	MD	8	
	2017	Toyota Sienna	5TDZZ3DC3HS874662	61637B	MD	6	
	2017	Ford Transit 350	1FBZX2ZMXHKB13057	62703B	MD	14	
	2020	Ford Transit 350	1FBAX2Y82LKA80971	65617B	MD	14	

**\*Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

**7. \*CERTIFICATION:**

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

**Name:** Alex Forde

**Title:** Transportation Manager

**Date:** 1/11/2021