

Washington Metropolitan Area Transit Commission

2021 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1125	Transport U LLC, t/a Transport-U			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
22006 Boneset Way		Germantown	MD	20876-4353
*Street Address of Principal Place of Business Apt./Suite City State Zip				
Mailing Address (if different from street address) Apt./Suite City State Zip				
(240) 418-5100	(240) 475-7568	(240) 715-9106	bharry@transportu.com	
*Telephone Other Telephone Fax E-mail				

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

			3383
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. Barbara A. Harry	Executive Director		
*Name *Title			
(240) 418-5100	(240) 475-7568	(240) 715-9106	bharry@transportu.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.

N/A

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.

BARBARA HARRY
*Name (type or print)

Barbara Harry
*Signature

Executive Director
*Title (not required for sole proprietors)

1/10/2021
*Date

Fleet #	Model YR	Make VN	Lic. Plate #	VIN #	State Reg.	Seating Capacity	WC lift/Ramp
7	2010	Dodge VN	54533B	2D4RN4DE7AR498410	MD	3	Ramp
8	2011	Ford VN	62091B	1FTNE1ELXBDB38737	MD	3	Lift
9	2013	Dodge VN	55121B	2C4RDGCG1DR553104	MD	3	Ramp
10	2014	CHRY VN	62093B	2C4RC1BG2ER295193	MD	3	Ramp
11	2015	CHRY VN	58952B	2C4RC1BG0FR630324	MD	3	Ramp
12	2018	TOYT VN	62092B	5TDZZ3DC4JS9274247	MD	3	Ramp
13	2019	Dodge VN	1DZ3469	2C4RDGCG0KR558355	MD	3	Ramp