

# Washington Metropolitan Area Transit Commission

## 2021 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

### 1. CARRIER INFORMATION:

1511		WHOLISTIC SERVICES V, INC.			
*WMATC No.		*Name of Carrier (as shown on certificate of authority)			
6627 FIRST STREET		N.W.	WASHINGTON	DC	20011
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
2309 VARNUM STREET			MOUNT RAINIER	MD	20712
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
301-392-2500		301-363-1976	Robert.thomas@wholisticservicesinc.com		
*Telephone	Other Telephone	Fax	E-mail		

### 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):

ROBERT ARNOLD THOMAS		CORPORATE SECRETARY	
*Name		*Title	
301-392-2500		301-363-1976	Robert.thomas@wholisticservicesinc.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.

[Redacted area for 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. <small>If applicable</small>	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2017	FORD	1FBZX2CM0HKA28724	B45782	DC	8	Y

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.

ROBERT A. THOMAS

\*Name (type or print)

CORPORATE SECRETARY

\*Title (not required for sole proprietors)

Robert A. Thomas

\*Signature

1/12/2021

\*Date