

# Washington Metropolitan Area Transit Commission

## 2021 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



**1. CARRIER INFORMATION:**

1527	CLM Limousine Service, Inc.			
<small>*WMATC No.    *Name of Carrier (as shown on certificate of authority)</small>				
301 King Farm Boulevard, #L		Rockville	MD	20850-6654
<small>*Street Address of Principal Place of Business    Apt./Suite    City    State    Zip</small>				
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(240) 832-9484				clmlimousine@gmail.com
<small>*Telephone    Other Telephone    Fax    E-mail</small>				

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

3005850			3400
<small>USDOT No.</small>	<small>DC DFHV No.</small>	<small>Virginia DMV passenger carrier No.</small>	<small>Maryland PSC No.</small>

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

Mr. Cesar Augusto Lorzundi	Owner
<small>*Name    *Title</small>	
(240) 832-9484	clmlimousine@gmail.com
<small>*Telephone    Other Telephone    Fax    E-mail</small>	

**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.

NONE

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
93	2010 F-450	FORD	1FDXE4F55ADA09590	039P63	MD	22	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.

CESAR AUGUSTO LERZUNDI

\*Name (type or print)

OWNER

\*Title (not required for sole proprietors)



\*Signature

01-11-2021

\*Date