

# Washington Metropolitan Area Transit Commission

## 2021 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

2904	Karim Trans Express LLC			
<small>*WMATC No.    *Name of Carrier (as shown on certificate of authority)</small>				
2529 James Maury Drive		Herndon	VA	20171-4352
<small>*Street Address of Principal Place of Business    Apt./Suite    City    State    Zip</small>				
<small>Mailing Address (if different from street address)    Apt./Suite    City    State    Zip</small>				
(703) 203-5752				kamalsoil@hotmail.com
<small>*Telephone    Other Telephone    Fax    E-mail</small>				

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

USDOT No.	DC DFHV No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Kamal A Sheikhnureldin	President
<small>*Name    *Title</small>	
(703) 203-5752	kamalsoil@hotmail.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

