

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
	2019	Ford	1FDASF5GT7KEF05616	10865P	MD	26	✓
	2018	Lincoln	2L1MJ5LT9JBL00425	04412LM	MD	9	✓
	2014	Lincoln	2L1MJ5LK1EBL51964	04411LM	MD	9	✓

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.

[Signature]

 *Name (type or print)
Pres

 *Title (not required for sole proprietors)

[Signature]

 *Signature
1/19/21

 *Date