

Washington Metropolitan Area Transit Commission

2021 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

3414	DMV Go LLC
*WMATC No. *Name of Carrier (as shown on certificate of authority)	
42553 Prescott Green Square	Brambleton VA 20148-7676
*Street Address of Principal Place of Business	Apt./Suite City State Zip
42553 prescott green sq	Brambleton VA 20148
Mailing Address (if different from street address)	Apt./Suite City State Zip
(540) 326-5824	dmvgolimo@gmail.com
*Telephone	Other Telephone Fax E-mail

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

	2052		
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):

Mr. Ken Lee	CEO
*Name	*Title
(540) 326-5824	dmvgolimo@gmail.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.

Kate Heisue Shin	(703) 994-1382	keun0610@hotmail.com
Name of Registered Agent for Service of Process	Telephone	E-mail
6578 Creek Run Drive	Centreville	VA 20121-3867
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
1	2019	chevrolet	1GNSKHKC1KR128410	DIXV 60	VA	7	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.

Ken Lee

 *Name (type or print)

C.E.O

 *Title (not required for sole proprietors)

[Signature]

 *Signature

1-15-2021

 *Date