

# Washington Metropolitan Area Transit Commission

## 2021 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

444	IONA Senior Services				
<b>*WMATC No.    *Name of Carrier (as shown on certificate of authority)</b>					
4125 Albemarle Street, N.W.			Washington	DC	20016-2105
<b>*Street Address of Principal Place of Business</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mailing Address (if different from street address)</b>					
(202) 895-0238		(202) 966-1055	(202) 895-0244	dsimpson@iona.org	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>		

### 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. Darryl Simpson		Center Manager		
<b>*Name</b>		<b>*Title</b>		
(202) 895-0238	(202) 966-1055	(202) 895-0244	dsimpson@iona.org	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

### 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.

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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
	2014	Dodge <i>Caravan</i>	2C4RDGBB61ER38 4057	ET 7036	DC	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.

Darryl Simpson  
 \*Name (type or print)

  
 \*Signature

Bldg. Manager  
 \*Title (not required for sole proprietors)

1-7-2021  
 \*Date