

# Washington Metropolitan Area Transit Commission

## 2021 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

468	All Events Shuttle Service , inc			
<small>*WMATC No.    *Name of Carrier (as shown on certificate of authority)</small>				
4406 Eastwood Ct		Fairfax	VA	22032
<small>*Street Address of Principal Place of Business</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small> <small>Zip</small>
<small>Mailing Address (if different from street address)</small>				
703-273-4222	703-919-7430	703-273-8003		
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>	

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

883769		517	
<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. Bahman Zohary		President	
<small>*Name</small>		<small>*Title</small>	
703-919-7430	703-273-4222	703-273-8003	
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>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).

<small>Name of Registered Agent for Service of Process</small>	<small>Telephone</small>	<small>E-mail</small>
<small>Agent Address (must be inside Metropolitan District)</small>		
	<small>Apt./Suite</small>	<small>City</small> <small>State</small> <small>Zip</small>

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
20	2020	Freightliner	1FVACWDOLHLL6430	H524829	VA	35	NO
15	2015	Ford	1FDAF5GY9DEB38149	H524785	VA	24	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.

BAHMAN ZOHARY  
 \*Name (type or print)

*Bah Zohary*  
 \*Signature

President  
 \*Title (not required for sole proprietors)

1-16-21  
 \*Date