

Washington Metropolitan Area Transit Commission

2021 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

536	Ontime Transportation Inc.			
<small>*WMATC No. *Name of Carrier (as shown on certificate of authority)</small>				
6816 Landon Court		Greenbelt	MD	20770-3047
<small>*Street Address of Principal Place of Business</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State Zip</small>
<small>Mailing Address (if different from street address)</small>				
(301) 474-6111		(240) 296-1705	ontimetrips@aol.com	
<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):

2447387			2414
<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. Adamu Lemu	President
<small>*Name *Title</small>	
(301) 474-6111	(240) 296-1705 ontimetrips@aol.com
<small>*Telephone</small>	<small>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.

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

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
021	2014	DODGE VN	2C4RDGCG6ER206384	1EA5728	MD	7	NO
022	2012	FORD VN	1FBSS3BL7CDA38175	553-248	MD	12	NO
023	2014	CHEV VN	1GAZGYFB9E1209169	595-638	MD	12	NO

7. ***CERTIFICATION:**

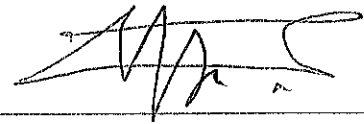
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Adamu Lemu

*Name (type or print)

President

*Title (not required for sole proprietors)



*Signature

1-18-2021

*Date