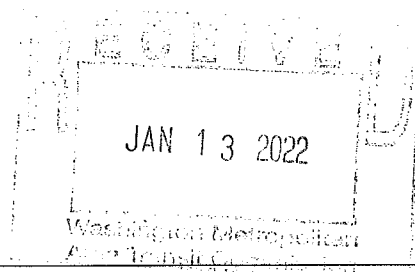


# Washington Metropolitan Area Transit Commission

## 2022 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>Mailing Address (if different from street address)</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>
703-919-7430	703-503-0345		zoharyb57@gmail.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):**

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):**

Bahman Zohary		owner	
<small>*Name</small>		<small>*Title</small>	
703-919-7430	703-503-0345		zoharyb57@gmail.com
<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	1FVACWFDOLHLL6430	H524829	VA	35	no
17	2017	Ford	1FDAF5GYXHEB70808	H523766	VA	31	no
16	2016	Ford	1FDXE4FS1GDCO2666	H527822	VA	24	no
15	2015	Ford	1FDAF5GY9DEB38149	H524785	VA	24	no
13	2013	Ford	1FDXE4FS2DDA38940	H519284	VA	24	no

7. **\*CERTIFICATION:**

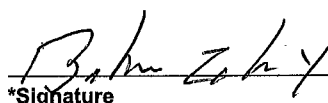
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**BAHMAN ZOHARY**

\*Name (type or print)

**OWNER**

\*Title (not required for sole proprietors)



\*Signature

**01/11/22**

\*Date