

Chris Aquino

From: WMATC E-Filings
Sent: Wednesday, January 25, 2023 1:58 PM
To: WMATC carrier filings
Subject: 2023 Annual Report - WMATC No: 1119, Carrier Name: Capital Care, Inc.

Washington Metropolitan Area Transit Commission 2023 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2023, must file a complete 2023 annual report and pay a \$175 annual fee on or before **January 31, 2023**. To be timely, the report and fee must be received at the WMATC office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$150 late fee. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate **\$150 late fee..**
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2023.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.
- Make check or money order payable to WMATC. WMATC does not accept cash.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 1119

Name of Carrier (as shown on certificate of authority): Capital Care, Inc.

Trade Name:

Principal Place of Business

Street Address: 2401 Blueridge Ave Ste

Apt./Suite: Ste 301

City: SILVER SPRING

State: MD

Zip: 20902

Mailing Address (if different from street address)

Street: 2401 Blueridge Ave Ste 301

Apt./Suite: Ste 301

City: SILVER SPRING

State: MD

Zip: 20902

Telephone Number: (240)899-0469

Other Telephone:

Fax Number:

E-mail: aforde@capitalcareinc.com

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

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):

Name: Alex Forde

Title: Transportation Manager

Telephone Number: (240)899-0469

Other Telephone:

Fax Number:

E-mail: aforde@capitalcareinc.com

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:

Agent Address:

Apt./Suite:

City:

State:

Zip:

Telephone Number:

E-mail:

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) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
	2020	Toyota Sienna	5TDZZ3DC9LS065613	66158B	MD	6	Yes
	2020	Ford Transit	1FBAX2Y82LKA80971	65617B	MD	14	No
	2019	Dodge Grand Caravan	2C7WDGBG5KR783460	65118B	MD	6	Yes
	2019	Dodge Grand Caravan	2C4RDGCG8KR807923	66159B	MD	6	Yes
	2019	Dodge Grand Caravan	2C4RDGBG6KR580815	64167B	MD	7	No
	2018	FORD TRANSIT	1FBZX2CM7JKB43342	64160B	MD	4	Yes
	2017	Toyota Sienna	5TDKZ3DC4HS896901	65850B	MD	7	No
	2017	Grand Dodge Caravan	2C4RDGBG9HR784002	60296B	MD	5	Yes
	2017	Dodge Grand Caravan	2C7WDGBGIHR838558	64153B	MD	4	Yes
	2017	Toyota Sienna	5TDZZ3DC1HS874191	62700B	MD	7	No

***Your vehicle list was attached to your submission. *Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

7. *CERTIFICATION:

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

Name: Alex Forde

Title: Transportation Manager

Date: 1/25/2023