

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
	2020	FORD	IFDX2C86LKA88988	B52518	DC	7	Y
	2019	DODGE	2C4RDGBG7KR727594	B52489	DC	5	Y
	2019	FORD	IFBZX2ZMKKB24325	B51575	DC	15	N
	2020	SIENNA	5TDYZ3DC0L5036609	66007B	MD	8	N
	2019	FORD	IFBZX2ZM9KKB05085	B52503	DC	15	N
	2020	SIENNA	5TDY23DC515042115	B51603	DC	8	N
	2017	TOYOTA	5TDKZ3DCXH5848271	B52466	DC	8	N
	2017	CHRYSL	52CARC1DGXMR503394	83179H1	MD	6	N

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.

ROBERT A. THOMAS

*Name (type or print)

CORPORATE SECRETARY

*Title (not required for sole proprietors)

Robert A. Thomas

*Signature

1/24/2023

*Date