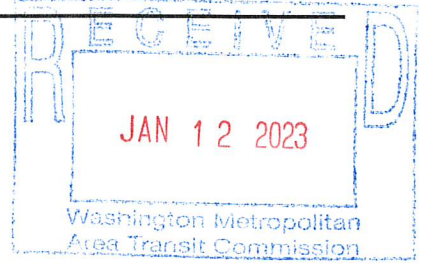


# Washington Metropolitan Area Transit Commission

## 2023 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

305	NBA Corporation, t/a NBA Coach			
<b>*WMATC No.    *Name of Carrier (as shown on certificate of authority)</b>				
13409 Classic Court		Woodbridge	VA	22192-4502
<b>*Street Address of Principal Place of Business</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State</b>
Mailing Address (if different from street address)		Apt./Suite	City	State
(703) 927-2850		(703) 730-8686	nbacoach101@aol.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

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

618005			
<b>USDOT No.</b>	<b>DC DFHV No.</b>	<b>Virginia DMV passenger carrier No.</b>	<b>Maryland PSC No.</b>

**3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):**

Mr. Chaudrey N. Kamal	President
<b>*Name</b>	
<b>*Title</b>	
(703) 927-2850	(703) 730-8686   nbacoach101@aol.com
<b>*Telephone</b>	<b>Other Telephone</b>
	<b>Fax</b>
	<b>E-mail</b>

**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).

Bilal Nasir	(571) 422-6984	bilalxps16@gmail.com
<b>Name of Registered Agent for Service of Process</b>		
<b>Telephone</b>		
<b>E-mail</b>		
7426 Wilma Lane		Lorton
<b>Agent Address (must be inside Metropolitan District)</b>		<b>State</b>
	<b>Apt./Suite</b>	<b>City</b>
		VA
		22079-1548
		<b>Zip</b>

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
105	T2P45 2013	VANHOOL	YE2TC19B1D2044796	036P32	MD 57	57	NO
101	CX45 2015	VANHOOL	YE2XC21B6E3048469	041P79	MD	56	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.

CHAUDREY N KAMAL

\*Name (type or print)

[Signature]

\*Title (not required for sole proprietors)

[Signature]

\*Signature

12/10/2023

\*Date