

Shanelle N. Hayes

From: WMATC E-Filings
Sent: Thursday, January 12, 2023 12:54 AM
To: WMATC carrier filings
Subject: 2023 Annual Report - WMATC No: 3125, Carrier Name: Swift Transport Solutions, LLC

**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.: 3125

Name of Carrier (as shown on certificate of authority): Swift Transport Solutions, LLC

Trade Name:

Principal Place of Business

Street Address: 555 N Thomas St

Apt./Suite: 521

City: Arlington

State: VA

Zip: 22203

Mailing Address (if different from street address)

Street: 42778 hay rd

Apt./Suite: 521

City: Ashburn

State: VA

Zip: 20147

Telephone Number: 2022572928

Other Telephone:

Fax Number: (703)649-6311

E-mail: ridests@gmail.com

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

USDOT No.:

DC DFHV No.:

Virginia DMV passenger carrier No.: 922

Maryland PSC No.: 64203

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

Name: mohamed chair

Title: President

Telephone Number: (202)257-2928

Other Telephone:

Fax Number: (703)649-6311

E-mail: ridests@gmail.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: mohamed chair

Agent Address: 555 N Thomas St

Apt./Suite: 521

City: Arlington

State: VA

Zip: 22203

Telephone Number: 2022572928

E-mail: ridests@gmail.com

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
1	2011	lincoln town car	2LNBL8EV8BX755349	H526693	VA	3	No
	2017	CHEVROLET	1GNSKHKCXHR299388	H526660	VA	6	No
	2017	CHEVROLET	1GNSKHKC8HR320870	H526662	VA	6	No
	2017	CHEVROLET	1GNSKHKC6HR233694	H526658	VA	6	No
	2019	FORD	1FBVU4XG7KKA52080	H526691	VA	14	No
					VA		

***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: mohamed chair

Title: PRESIDENT

Date: 01/12/2023