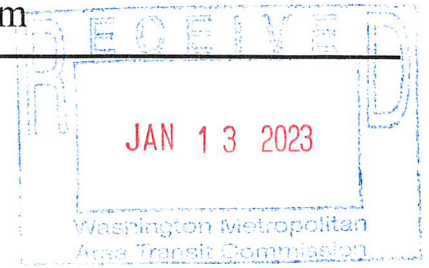


# Washington Metropolitan Area Transit Commission

## 2023 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

### 1. CARRIER INFORMATION:

536	Ontime Transportation Inc.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
6816 Landon Court		Greenbelt	MD	20770-3047
*Street Address of Principal Place of Business Apt./Suite City State Zip				
Mailing Address (if different from street address) Apt./Suite City State Zip				
(301) 474-6111		(240) 296-1705	ontimetrips@aol.com	
*Telephone Other Telephone Fax E-mail				

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

2447387			
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):

Mr. Adamu Lemu	President		
*Name		*Title	
(301) 474-6111		(240) 296-1705	ontimetrips@aol.com
*Telephone Other Telephone Fax E-mail			

### 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).

Name of Registered Agent for Service of Process	Telephone	E-mail
Agent Address (must be inside Metropolitan District)	Apt./Suite	City State Zip

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
	2017	Chevy	1G-AZG-PFG-8H1216614	664-52B	MO	15	No
	2012	Ford	1FBSS3BL7CDA38175	553-24B	MO	15	No
	2014	Chev	1G-AZG-YFG-9E1209169	595-63B	<del>MO</del>	12	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.

Adamu Benson

\*Name (type or print)

President

\*Title (not required for sole proprietors)



\*Signature

1-13-2023

\*Date