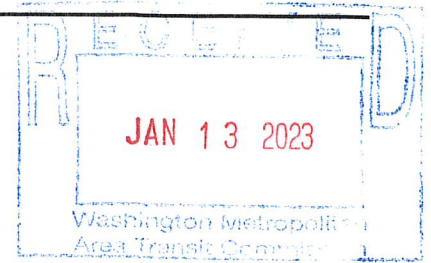


Washington Metropolitan Area Transit Commission

2023 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

626	Associated Community Services, Inc.			
<small>*WMATC No. *Name of Carrier (as shown on certificate of authority)</small>				
4351 Garden City Drive, #303		Hyattsville	MD	20785-2223
<small>*Street Address of Principal Place of Business Apt./Suite City State Zip</small>				
<small>Mailing Address (if different from street address) Apt./Suite City State Zip</small>				
(301) 731-8072		(301) 731-8076	kbrown@acsincorporated333.com	
<small>*Telephone Other Telephone Fax E-mail</small>				

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

USDOT No.	DC DFHV No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Krystal Brown	Executive Director		
<small>*Name</small>		<small>*Title</small>	
(301) 731-8072		(301) 731-8076	kbrown@acsincorporated333.com
<small>*Telephone Other Telephone Fax E-mail</small>			

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	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.

N/A

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	1FBAXZY96LKA26363	37284B	MD	12	
	2018	Ford	1FB2X2ZM4JKB45105	65016B	MD	12	

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.

Krystal S. Brown

*Name (type or print)

Krystal S. Brown

*Signature

CEO

*Title (not required for sole proprietors)

1-05-2022

*Date