

# Washington Metropolitan Area Transit Commission

## 2024 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



**1. CARRIER INFORMATION:**

1527 | CLM Limousine Service, Inc.

\*WMATC No.    \*Name of Carrier (as shown on certificate of authority)

301 King Farm Boulevard, #L	L	Rockville	MD	20850-6654
<b>*Street Address of Principal Place of Business</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
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(240) 832-9484			clmlimousine@gmail.com	
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*Telephone	Other Telephone	Fax	E-mail
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**2. OTHER PASSENGER CARRIER AUTHORITY** (if applicable, list carrier/permit number):

3005850			3400
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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):

Mr. Cesar Augusto Lerzundi	Owner
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*Name	*Title
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(240) 832-9484			clmlimousine@gmail.com	
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*Telephone	Other Telephone	Fax	E-mail
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**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
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Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
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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.

NONE

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
93	2011	FORD	1FDXE4F55ADA09590	039 P 63	MD	20	NO
39	2014	FORD	1FDAF5GT5EEA74648	044 P 98	MD	28	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.

CEGAR A. LERZUNDI

\*Name (type or print)

OWNER

\*Title (not required for sole proprietors)



\*Signature

01-05-2024

\*Date