

Washington Metropolitan Area Transit Commission

2024 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

WMATC No.	*Name of Carrier (as shown on certificate of authority)				
278	Osama Ahmed ELKHABIRY Trading as Sam's Transit				
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
9600 Milstone way		1077	College Park	MD	20740
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
202-460-5787					
*Telephone	Other Telephone	Fax	E-mail		
			Sam's Transit 1@gmail		

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

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):

*Name	*Title
Osama Ahmed ELKhobiry	OWNER
*Telephone	E-mail
202-460-5787	Sam's Transit 1@gmail

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

