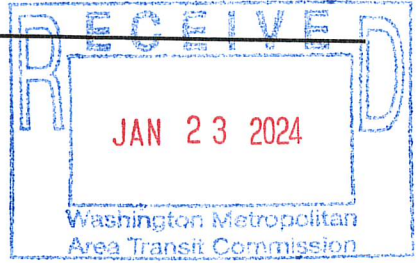


# Washington Metropolitan Area Transit Commission

## 2024 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

3351		BIRUK TEZERA Birhanu			
*WMATC No.		*Name of Carrier (as shown on certificate of authority)			
11438	Lockwood dr.	304	Silver Spring	md	20904
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
11438	Lockwood dr.	304	Silver Spring	md	20904
*Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
240-784-1033				Birukeye@gmail.com	
*Telephone	Other Telephone	Fax	E-mail		

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

			64146
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):

BIRUK Birhanu			
*Name		*Title	
240-784-1033			Birukeye@gmail.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

