

Washington Metropolitan Area Transit Commission

2024 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

3563 | Dereje Meshesha Ayansa

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

8413 Canning Terrace | | Greenbelt | MD | 20770-2703
*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(202) 909-0826 | | | | ayanssa@gmail.com

*Telephone | Other Telephone | Fax | E-mail

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

USDOT No. | DC DFHV No. | Virginia DMV passenger carrier No. | Maryland PSC No. | 5733

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Dereje Meshesha Ayansa | Sole Proprietor

*Name | *Title

(202) 909-0826 | | | | ayanssa@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.

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
	2021	BMW	WBA13BJ09MCE93805	66986B	MD	5	No
	2021	Bmw	WBA53BHD8MWW97785	66975B	MD	5	No
	2023	Tesla	7SAY6DEE1PF693055	66983B	MD	5	No
	2019	Cadillac	2G61M5S34K9116181	65186B	MD	5	No
	2020	Mercedes	W1KZF2EB8LA844807	66892B	MD	5	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.

Doroje Ayansu
 *Name (type or print)

[Signature]
 *Signature

 *Title (not required for sole proprietors)

01/30/2024
 *Date