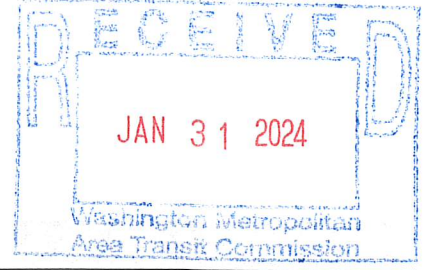


Washington Metropolitan Area Transit Commission

2024 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

3598 | OLAWALE DAVID ABOLAJI

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

1616 GOLF COURSE DR		BOWIE	MD	20721
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
2404863351	2408778895		BISKIK.ABOLAJI@GMAIL.COM	
*Telephone	Other Telephone	Fax	E-mail	

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

	A076698		64652
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):

OLAWALE DAVID ABOLAJI			
*Name	*Title		
2404863351	2408778895	BISKIK.ABOLAJI@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

