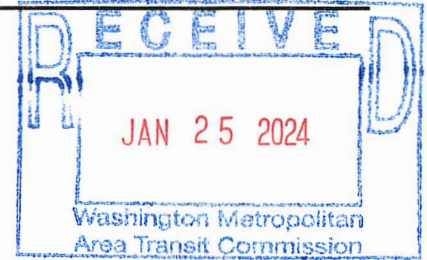


# Washington Metropolitan Area Transit Commission

## 2024 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

64 | Williams Bus Lines, Inc.

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

3438 Luttrell Road | | Annandale | VA | 22003-1260  
\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

P.O. Box 1272 | | Springfield | VA | 22151-0272  
Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(703) 560-5355 | | (703) 560-7851 | williamsbus@aol.com  
\*Telephone | Other Telephone | Fax | E-mail

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

292798 | | 161 | |  
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):

Ms. Tammy L Williams | President  
\*Name | \*Title

(703) 560-5355 | | (703) 560-7851 | williamsbus@aol.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

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.

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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
01	2009	Freightliner	4UZABRDJ69CAA6624	H508316	VA	78	NO
04	2008	IC	4DRBUAAN08B561243	H527352	VA	72	NO
17	2008	Thomas	4UZABRDJX8CZ15188	H508306	VA	72	NO
18	2007	Thomas	1T7YT4A2571287649	H508314	VA	74	NO
23	2006	Chev.	1GBJG31U561195765	KNA8053	VA	14	NO
24	2011	Thomas	4UZABRDU8BCAY0051	H519756	VA	63	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.

Tammy L. Williams  
 \*Name (type or print)

President  
 \*Title (not required for sole proprietors)

Tammy L. Williams  
 \*Signature

1-23-2024  
 \*Date