Chris Aquino

From: WMATC E-Filings
Sent: Thursday, January 16, 2025 4:30 PM
To: WMATC carrier filings
Subject: 2025 Annual Report - WMATC No: 1304, Carrier Name: Behavioral Research Associates, Inc.

Washington Metropolitan Area Transit Commission

2025 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2025, must file a complete 2025 annual report and pay a $175 annual fee on or before **January 31, 2025**. To be timely, the report and fee must be received at the WMATC office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.

- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make necessary corrections.

- Each carrier that fails to file a complete annual report on time will be assessed a $150 late fee. Each carrier that fails to pay the $175 annual fee on time will be assessed a separate **$150 late fee.**.

- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2025.

- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.
- Make check or money order payable to WMATC. WMATC does not accept cash.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:
WMATC No.: 1304
Name of Carrier (as shown on certificate of authority): Behavioral Research Associates, Inc.
Trade Name:
Principal Place of Business
Street Address: 900 K Street NE
Apt./Suite:
City: Washington
State: DC
Zip: 20002

Mailing Address (if different from street address)
Street: 900 K Street NE
Apt./Suite:
City: Washington

State: DC
Zip: 20002

Telephone Number: 2023985000
Other Telephone:
Fax Number:
E-mail: behaviorresearch@verizon.net

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: Andrew Gordon
Title: Executive Director
Telephone Number: 2023985000
Other Telephone:
Fax Number:
E-mail: Behaviorresearch@verizon.net

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: Louvwnia Williams Esq.
Agent Address: 1034 Burns Street SE
Apt./Suite:
City: Washington
State: DC
Zip: 20019
Telephone Number: (301)322-2030
E-mail: Corporatetitle@corporatetitle.net

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) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
	2019	Ford	IFBZX2CM9KKA02497	30488B	MD	12	Yes
	2008	Ford	1FBNE31L780B31727	46250B	MD	12	No
	2019	Ford	IFBZ2CMXKKAO2489	39592B	MD	12	Yes
	2011	Ford	1FTSS3EL3BD27277	30485B	MD	12	Yes
	2011	Ford	1FBSS3BL7BDB12807	30486B	MD	12	No
	2012	Ford	1FBNEBLICDB27583	30487B	MD	12	No
	2016	Ford	1FBZX2ZM4GKA13356	37922B	MD	12	No
	2018	Toyota	5TDKZ3DC7JS928598	61511B	MD	8	No

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

7. *CERTIFICATION:
I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: Andrew Gordon
Title: Executive Director
Date: 01/16/2025