Shanelle N. Hayes

From: WMATC E-Filings
Sent: Friday, January 16, 2026 2:16 PM
To: WMATC carrier filings
Subject: 2026 Annual Report - WMATC No: 315, Carrier Name: Jet Tours USA, Inc.

Washington Metropolitan Area Transit Commission

2026 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2026, must file a complete 2026 annual report and pay a $175 annual fee on or before **January 31, 2026**. 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, 2026.

- 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.: 315
Name of Carrier (as shown on certificate of authority): Jet Tours USA, Inc.
Trade Name:
Principal Place of Business
Street Address: 310 Paterson Plank Road
Apt./Suite:
City: Carlstadt
State: NJ
Zip: 07072-2306

Mailing Address (if different from street address)
Street: 33 Gates Place
Apt./Suite:
City: Wayne
State: NJ

Zip: 07470

Telephone Number: 2019394154
Other Telephone: (973)981-1961
Fax Number:
E-mail: Agomez@citytours.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):
USDOT No.: 519856
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: Raymond Thomas
Title: President
Telephone Number: (973)981-1961
Other Telephone: 2018320377
Fax Number:
E-mail: Agomez@citytours.com

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: CSC
Agent Address: 1090 Vermont Avenue, N,,W,
Apt./Suite:
City: Washington
State: DC
Zip: 20005-4905
Telephone Number: (800)924-9800
E-mail:

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
174	2018	Ford Transit	1FBVU4XG4JKB33147	OYB3035	NJ	15	No
175	2018	Ford Transit	1FBVU4XG2JKB33146	OYB3036	NJ	5	No
02	2018	Ford Transit	1FBVU4XGXJKA44554	M4ORDN	NJ	15	No
03	2024	Ford Transit	1FBVU4XGXRKA22937	XLRN98	NJ	15	No
04	2024	Ford Transit	1FBVU5XGORKA18370	XLRP11	NJ	15	No
104	2017	MCI	2MG3JM8A5HW067961	AY146B	NJ	58	No
105	2018	MC	2MG3JM8A8JW068611	AX508U	NJ	60	No
					NJ		

***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: Raymond Thomas
Title: President
Date: 01/16/2026