

Washington Metropolitan Area Transit Commission

2026 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

4015	Loudoun Auto Transport LLC			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
20222 Aztec Court		Ashburn	VA	20147-3382
*Street Address of Principal Place of Business Apt./Suite City State Zip				
Mailing Address (if different from street address) Apt./Suite City State Zip				
(518) 698-5015			q.kochay@gmail.com	
*Telephone Other Telephone Fax E-mail				

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

		823	
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. Qaseem Kochay	Owner		
*Name *Title			
(518) 698-5015		q.kochay@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.

Adi Assaleh	(703) 861-1625	adi@jafainc.com		
Name of Registered Agent for Service of Process Telephone E-mail				
800 W. Broad Street, #210		Falls Church	VA	22046-3144
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.

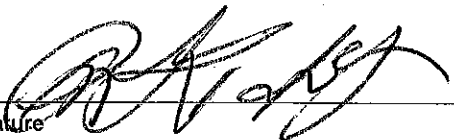
6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2025	Ford	1FMJK1J83SEA38803				
				H529583	VA	7	N

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.

Qaseem Kochay
 *Name (type or print)


 *Signature

Owner
 *Title (not required for sole proprietors)

1/12/26
 *Date