

WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION ORIGINAL GENERAL TARIFF COVER

For Commission Use Only

RECEIVED

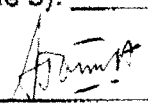
JAN 31 2003

WASHINGTON METROPOLITAN
AREA TRANSIT COMMISSION

Filing Fee Paid \$

Date Filed plus 60 days

General Tariff No. GT- 1
 Cancels General Tariff No. GT- _____
 Date Filed at WMATC 01/31/03
 Date Effective ~~02/07/03~~
02-11-03

1. WMATC Certificate of Authority No. 730
2. Carrier Name on Certificate of Authority: AMERICARE MEDICAL
TRANSPORT, INC.
 Address 14014 FALLONCREST RD SUITE 104
GERMANTOWN MD 20874
 Telephone Number 301 528-9180
3. Person authorized to file tariff on behalf of Carrier
 Name BERTIN E. ATONTSIA
 Title PRESIDENT
 Telephone Number 301 916-4442 Cell 202-423-3127
4. Date this tariff actually filed with WMATC 01/31/03
5. Date seven (7) calendar days after date on Line 4. 02/07/03
6. Effective Date of this tariff (not earlier than date on line 5). _____
7. Signature of Person named on Line 3. 

NOTE: SEE COMMISSION REGULATION NOS. 55 AND 56. IF YOU HAVE A QUESTION ABOUT HOW TO COMPLETE THIS FORM, CALL THE COMMISSION AT (202) 331-1671.

TRANSPORTATION RATES

PRIVATE PAY

WHEELCHAIR VANS:

\$50.00 ONE WAY OR \$85.00 ROUND TRIP.

\$1.51 A MILE OVER TWENTY MILES FOR ONE WAY TRIP.