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# Washington Metropolitan Area Transit Commission

## 2019 Carrier Annual Report & Fee

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### WMATC is Moving!

- The WMATC office will move to a new location in 2019. Beginning on or around **April 1, 2019**, WMATC will be located at 1010 Wayne Avenue, Suite 1240, Silver Spring, MD 20910. Check the announcements section of the WMATC website for further updates.

## Instructions

### Did You Know?

- You can file your annual report and pay your annual fee online at [www.wmatc.gov](http://www.wmatc.gov) after logging into WMATC's e-filing system with your username and password. E-filing is fast and easy, you will receive an e-mailed confirmation of your filing and payment, and you will avoid the risk of loss or delay in the mail.
- You can check your annual report and annual fee filing status online by logging into the WMATC e-filing menu. (Please allow two business days after your filing is received for your status to be updated.)

### Filing Information

- Each carrier holding a WMATC certificate of authority on January 1, 2019, must file a complete 2019 annual report and pay a \$175 annual fee on or before **January 31, 2019**. 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, 2019.
- 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.

# Washington Metropolitan Area Transit Commission

## 2019 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

*WMATC No.    *Name of Carrier (as shown on certificate of authority)					
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
*Telephone	Other Telephone	Fax	E-mail		

**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		*Title		
*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

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.

\_\_\_\_\_  
\*Name (type or print)

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
\*Title (not required for sole proprietors)

\_\_\_\_\_  
\*Date