

**WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION
CONTRACT TARIFF COVER**

For Commission Use Only	Filing Fee Paid \$ _____	Date Effective plus 60 days _____
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Contract Tariff No. CT- _____
Amendment Letter _____
Date Filed at WMATC _____
Date Effective _____
Expiration Date _____

NOTE: SEE COMMISSION REGULATION Nos. 55 AND 56. If you have a question about how to complete this form, call the Commission at (301) 588-5260

1. Carrier's WMATC Certificate of Authority No. _____
2. Carrier's Name (as on Certificate of Authority): _____

Carrier's Address: _____

Telephone Number _____
3. Person authorized to file tariff on behalf of Carrier:
Name _____
Title _____
Telephone Number _____
4. This tariff covers operations pursuant to a contract between the above-named carrier and (Name): _____
Address: _____

Name of Representative _____
Telephone Number of Representative: _____
5. Date this tariff actually filed with WMATC _____
6. Date seven (7) calendar days after date on Line 5. _____
7. First Date passenger transportation service is required under this contract. _____
8. Enter later date from Line 6 or 7 _____. This is the EFFECTIVE DATE of this tariff.
9. Expiration date of contract (at least 60 days after date on line 8). _____
10. I hereby certify that this contract requires the performance of passenger transportation service at least on the dates specified on Line 8 and Line 9.

Signature of Person Named on Line 3