

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

<div style="writing-mode: vertical-rl; transform: rotate(180deg); border: 1px solid black; padding: 5px; text-align: center;">For Commission Use Only</div>	<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Filing Fee Paid \$</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date Effective plus 60 days</div></div><div style="width: 55%;"><div>Contract Tariff No. CT- <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span></div><div>Amendment Letter <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span></div><div>Date Filed at WMATC <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span></div><div>Date Effective <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span></div><div>Expiration Date <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span></div><div>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</div></div></div>
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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.

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Signature of Person Named on Line 3