

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Thursday, January 15, 2015 3:35 PM
To: Constantine Kolouas; Chris Aquino
Subject: 2015 Annual Report - WMATC No: 1315, Carrier Name: United Cerebral Palsy of Washington, D.C. and Northern Virgi
Attachments: 54b8248747c93-UCP WMATC VEHICLES.docx

Washington Metropolitan Area Transit Commission 2015 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2015, must file a complete 2015 annual report and pay a \$150 annual fee on or before **February 2, 2015**. To be timely, the report and fee must be received at WMATC's 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 all 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 \$150 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, 2015.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 1315

Name of Carrier (as shown on certificate of authority): United Cerebral Palsy of Washington, D.C. and Northern Virgi

Trade Name: U. C. P.

Principal Place of Business

Street Address: 3135 8th Street, NE

Apt./Suite:

City: Washington

State: DC

Zip: 20017

Mailing Address (if different from street address)

Street:

Apt./Suite:

City:

State:

Zip:

Telephone Number: (202)269-1500

Other Telephone:

Fax Number: (202)526-0519

E-mail: dcarter@ucpdc.org

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

USDOT No.:

DCTC No.:

Virginia DMV passenger carrier No.:

Maryland PSC No.:

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Name: Dawn Carter

Title: Executive Director

Telephone Number: (202)269-1500

Other Telephone:

Fax Number: (202)526-0519

E-mail: dcarter@ucpdc.org

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.

Name of Registered Agent for Service of Process:

Agent Address:

Apt./Suite:

City:

State:

Zip:

Telephone Number:

E-mail:

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) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair

***Your vehicle list was attached to your submission.**

7. *CERTIFICATION:
I certify that this report, including any attachments, was prepared by me and 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: Dawn Carter
Title: Executive Director
Date: 01/15/2015

UNITED CEREBRAL PALSY OF WASHINGTON DC & NORTHERN VA.

LIST OF REVENUE VEHICLE USED IN WMATC OPERATIONS- 1/15/14

Fleet No.	Model Year	Make	Vehicle VIN	License Plate Number	State Registered	Seating Capacity	Wheelchair Lift or Ramp Yes/No
Van 1	2011	Ford Van	1FBSS3BL1BDA85233	B44404	DC	15	NO
Van 2	2010	Ford Van	1FBNE3BL7ADA66852	B45407	DC	12	NO
Van 3	2011	Ford Van	1FTSS3EL9BDB35884	B46116	DC	8	YES
Van 4	2012	Ford Van	1FBNE3BL4CDA99925	B43405	DC	12	NO
Van 5	2010	Ford Van	1FBNE3BL3ADA55105	B45408	DC	12	NO
Van 6	2012	Ford Van	1FTSS3EL6CDA04851	B45158	DC	7	YES
Van 7	2008	Ford Van	1FTNS24WD8DA3989S	B40945	DC	4	YES
Van 8	2012	Ford Van	1FTSS3EL6CD823693	B46359	DC	10	YES
Van 9	2008	Ford Van	1FTNS24W180A39887	B44692	DC	6	YES
Van 10	1998	Dodge Van	2B7LB31Z2WK117866	B45142	DC	8	YES
Van 11	2014	Ford Van	1FTSS3EL2EDA35873	ET3648	DC	10	YES
Van 12	2013	Ford Van	1FBNE3BL8DDA05224	301072T TEMPORARY TAG	MARYLAND	12	NO