



GOVERNMENT OF THE DISTRICT OF COLUMBIA
TAXICAB COMMISSION

2235 Shannon Place SE Suite 2001 WASHINGTON, D.C. 20020 Phone: 855-484-4966
Fax: 202 889-3604 Email: dctc3@dc.gov Website: dctaxi.dc.gov

AGENCY USE ONLY: Date Received _____ Receipt No. _____

SECTION A: TRANSFER INFORMATION

_____ of _____ certifies that _____
(Typed Name of Transferor) (Typed Name of Company) (Typed Name of Transferee)

is authorized to apply to transfer the Certificate of Authority No _____ from transferor to transferee through
(Attach copy as Attachment A1)
an executed transfer agreement or letter of intent attached as Attachment A2.

Signature of Transferor (Title)

Signature of Transferee (Title)

SECTION B: GENERAL INFORMATION

Applicant _____
(Corporate / Individual Name)

Trading As _____
(For-Hire Business Name)

Business Address _____
Street (P.O. Box prohibited)

City State Zip Code Telephone Fax Email

DC Tax ID No. _____ Federal Tax ID No. _____

Provide a copy of your current occupancy permit. Identify as Attachment B-1.
Provide proof (tax transcript) demonstrating payment of local and federal taxes as Attachments B-2 and B-3 respectively.

SECTION C: BUSINESS STRUCTURE

(Check only one type of business per application):

1. [] Corporation.

- a. State where incorporated: _____ Year of Incorporation: _____
b. Attach a current Certificate of Good Standing from the D. C. Department of Consumer & Regulatory Affairs for all domestic & foreign corporations. Identify as Attachment C-1
c. Attach a copy of articles of incorporation, certificate of incorporation and bylaws. Identify as Attachment C-2.

2. [] **Partnership.** Attach an executed copy of partnership agreement bylaws if there has been any change from the prior year's filing . Identify as Attachment C-2.

3. [] **Sole Proprietorship.**

4. [] **Unincorporated Association.** Attach a copy of current by-laws and other rules if there has been any change from the prior year's filing. Identify as Attachment C-2.

SECTION D: DC RESIDENT AGENT FOR SERVICE OF LEGAL PROCESS

Name (applicant or authorized representative) _____

(Area Code) Telephone _____ (Area Code) FAX _____

_____ D C Street Address and Zip code

Email _____ Agent Signature _____

SECTION E: OPERATIONAL FITNESS EVIDENCE

1. Attach an itemized schedule of all customer fees including but not limited to the list provided below. Identify as Attachment E-1.
 - a. Membership Fee.....
 - b. Dispatch Fee.....
 - c. Insurance Fee.....
 - d. Rental Fee.....
2. If transferor is a taxicab company or association, provide three (3) pictures (3" x 5" of your current color scheme from the front, right side and rear of the vehicle. Colors can't be changed. Identify as Attachment E-2.
3. Provide an electronic copy of a vehicle list report in an electronic spreadsheet template. Identify as Attachment E-3
4. If transferor is a not a taxicab company or association, provide a list of all licensed drivers (employees, lessees, or contractors), who use, own or operate any vehicle affiliated with your operating authority. The list shall include the driver's full name, date of birth, operator's permit number, licensing state and vehicle tag number. Identify as Attachment E-4.
5. A ticket report from the Bureau of Traffic Adjudication. Identify as Attachment E-5.
6. Provide a current income statement and balance sheet certified by an Accountant. Identify as Attachment E-6.

SECTION F: AUTHORIZED OFFICIALS

The persons whose names and signatures appear below are authorized to sign for all licenses, permits, and official documents on behalf of the business named on this application.

TITLE	PRINTED NAME	SIGNATURE	DATE	HOME ADDRESS	PHONE	FAX	EMAIL
President							
Vice President							
Manager							

SECTION G: APPLICANT NOTARIZED ATTESTATION

I, _____, hereby certify under penalty of perjury, under the laws of the District of Columbia and the United States (Signature of Transferor) that all information supplied on this form and of America any attachments hereto is true and correct to the best of my knowledge and belief. I further certify that there is/are no proceeding(s), either completed or pending, in which the applicant has been found unfit, had articles of incorporation or business license revoked by this Commission, the District of Columbia Office of Consumer and Regulatory Affairs or any other regulatory body in the District of Columbia or any other jurisdiction or any court of law in the District of Columbia or any other jurisdiction. Note: If there are or were such proceedings, provide the following for all proceedings whether completed or pending:

I, _____, hereby certify under penalty of perjury, under the laws of the District of Columbia and the United States (Signature of Transferee) that all information supplied on this form and of America any attachments hereto is true and correct to the best of my knowledge and belief. I further certify that there is/are no proceeding(s), either completed or pending, in which the applicant has been found unfit, had articles of incorporation or business license revoked by this Commission, the District of Columbia Office of Consumer and Regulatory Affairs or any other regulatory body in the District of Columbia or any other jurisdiction or any court of law in the District of Columbia or any other jurisdiction. Note: If there are or were such proceedings, provide the following for all proceedings whether completed or pending:

Description _____
 Case No & Name _____
 Regulatory Body _____
 Date Instituted _____ Date Completed _____

I, the applicant, hereby certify that I have access to and am familiar with the requirements of the laws, rules and regulations applicable to public vehicles-for-hire, public vehicle-for-hire licenses, public vehicle-for-hire operating authorities and any and all other applicable requirements. I certify that I will comply with these laws, rules and regulations, specifically Title 31 DCMR, and all Commission orders and requirements.

Applicant's Name _____ Title _____ Signature _____ Date _____

I (Applicant signature) _____, being duly sworn, deposes that he/she is the individual making the foregoing statements and signing the foregoing application, and that the statements contained in this application are true to the best of his/her own knowledge and belief. Sworn and subscribed to before me on this _____ day of _____, 20____.

My Commission expires: _____

NOTARY PUBLIC

City/County of _____ District/State of _____

TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL,
 CALL THE D.C. INSPECTOR GENERAL AT 1-800-521-1639

NOTICE OF NON DISCRIMINATION: In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §2-1401-01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex (gender or sexual harassment), age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by this Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.