

2235 SHANNON PLACE, SE, Washington, DC 20020, 2ND Floor – Suite 2001 **Phone: (202) 645-7300 |Website: http://dfhv.dc.gov**

INDEPENDENT OPERATING AUTHORITY

RENEWAL APPLICATION

Please select applicable authority	below:				
INDEPENDENT TAX	XICAB OWNER-OPE	RATOR AUTI	HORITY		
INDEPENDENT TAX				lents Only)	
INDEPENDENT LIN	OUSINE OWNER-O	PERATOR A	UTHORITY		
SECTION A: GENERAL INFO	RMATION				
Printed name of applicant:			Ce	llphone:	
VBs only: Name of IVB:	_		Registered trade name	(if any)	
Business Address:					
	Street (P.O. Box prohib	oited)			
City	State	Zip	Email		
D.C. Tax I.D:		Federa	al Tax I.D:		
CONTRACT INFO	22.447.031				
SECTION B: VEHICLE INFO	JRMATION				
Name of Registered Own	ner:		WAV	Yes	No
VIN:	Model year:_		Make:	Model:	
Tag number:	PVIN (taxical	bs only):			
Fuel type:Odome	eter reading:		Uniform Color?	Yes	No
	D 1' X	No.			
Insurance Co:	Policy P	10			

SECTION C: APPLICANT ATTESTATION

("APPLICANT"), HEREBY I, [PRINTED NAME OF APPLICANT] SWEAR OR AFFIRM SUBJECT TO THE PENALTIES OF PERJURY AS FOLLOWS: (1) The information provided on this application and in all documents provided by me in support of this application is true and correct. (2) There are no pending or past proceedings in which Applicant has been found unfit, or had articles of incorporation or a business license suspended or revoked by DFHV, by the D.C. Office of Consumer and Regulatory Affairs, or by any other regulatory body or court of law in any jurisdiction, except for the following (include all proceedings whether completed or pending; use additional pages if necessary): Description of proceeding #1: Caption: Case Number:_____ Name of Agency or Court: _____ Date proceeding instituted: _____ Date proceeding closed (unless pending): _____ Description of proceeding #2:_____ Caption: _____ Case Number:_____ Name of Agency or Court: ______ Date proceeding instituted: _____ Date proceeding closed (unless pending): _____ (3) I am familiar with, and I agree that I will comply with, the requirements of the District of Columbia's laws, rules, and regulations applicable to public vehicles-for-hire, including but not limited to the regulations in Title 31 of the D.C. Municipal Regulations, and all DFHV administrative issuances. Signature of Applicant: Printed name of Applicant:______ Title (if any): _____ NON – DISCRIMINATION STATEMENT First Name: _____ Last Name: _____ PVIN: _____ Face ID: _____ does not and shall not discriminate on the basis of race, color, religion (creed, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Signature: _____ Date: _____



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DC RESIDENT AGENT FOR SERVICE OF LEGAL PROCESS: (COMPLETED BY NON – RESIDENT; IVB)

Name (Applicant or authorized representative):
Telephone Number:
DC Street Address and Zip Code:
Email Address:
Agent Signature:



Government of the District of Columbia Department of For-Hire Vehicles

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INDEPENDENT VEHICLE BUSINESS (IVB) – APPLICATION ADDENDUM

I, [PRIN	ITED NAME OF IVB APPLICAN	NT]	, HEREBY A	CKNOWLEDGE AND AGREE AS	
FO	LLO	WS:				
1. 2.	An as a		tle and register a pur r only, subject to al	blic vehicle-for-hire with the regulations and administra	e D.C. Department of Motor Vehi tive issuances of DFHV, and othe	
3.					ner-operator. I must still comply vices, the same as District resident	
4.		nsfer my IVB license. I hereby s			, or otherwise transfer or attemp iately render my IVB license null a	
5.		IVB may not be used by a Distring name (with the IVB removed		_	o retitle my vehicle my vehicle in I Title 31 of the DCMR.	ny
6.		IVB is a legal entity considered aning, among other things, tha			t entities) to be my legal alter egone and the same. Therefore	ο,
	a.	DFHV enforcement actions ag	ainst my IVB may bo	e considered to be brought	against me, and vice-versa;	
	b.		mmediate Suspensi	on) upon the IVB at its D.C.	of Proposed Suspension or address on file with DFHV shall be rved upon me, and vice-versa; an	
	c.	Where a provision of Title 31 the IVB or upon me, DFHV ma	•	_	e imposition of a civil penalty upo	n
7.	l w	ill keep my IVB's contact inform	mation up-to-date v	vith DFHV, as required by T	itle 31 of the DCMR.	
		DLEMNLY SWEAR OR AFFIRM MATION IS TRUE AND CORR		E PENALTIES OF PERJURY	THAT THE FOREGOING	
SIG	NATL	JRE OF IVB APPLICANT	PRINTE	D NAME OF APPLICANT	 DATE	



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2020 Operating Authority Checklist

To be accepted the application must be completed in full with ALL required documents, paid, and approved.

Inde	pendent Taxicab and Limousine Owner – Operating Authority			
	Current State Issued Driver's License			
	Current DFHV Issued Face ID			
	Current D.C. DMV Vehicle Registration Card			
	Current Vehicle Insurance			
	Business Tax Registration			
	Home or Business Certificate of Occupancy Permit			
	Copy of Prior Year's D.C. And Federal Income Tax Return			
	List of Rates (Limousine only)			
Independent Vehicle Business (IVB) License – (Non – D.C. Resident)				
	Current State Issued Driver's License			
	Current DFHV Issued Face ID			
	Current D.C. DMV Vehicle Registration Card			
	Current Vehicle Insurance			
	Business Tax Registration			
	DCRA Certificate of Occupancy, And D.C. Resident Agent Letter			
	Copy of Prior Year's D.C. And Federal Income Tax Return			

Application Renewal Fees:

- ➤ Independent Taxicab \$50.00
- ➤ Limousine Owner-Operator Authority Renewal: \$250.00; \$100.00 Vehicle Fee
- ➤ Independent Vehicle Business (IVB) License Taxi (Non D.C. Resident): No Fee

DFHV Approver's Signature:	Date:
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Approval Stamp