



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF FOR-HIRE VEHICLES**

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DIGITAL DISPATCH SERVICE (DDS) – REGISTRATION APPLICATION

Legal Name of the Company _____

Trade Name of the Company _____

Address _____ City _____ State _____ Zip Code _____

Website _____ Phone _____ Fax _____ Tax ID # _____

Primary Contact Name _____ Title _____ Email _____

Customer service telephone number or email address _____

Applicant's Printed Name _____

Vehicle-for-Hire Services Dispatched (check all that apply) Taxicab – Booking Only Taxicab – Booking and Payment
 Black Car Private Sedan

I swear or affirm subject to the penalties of perjury that the information provided on this form and in the attached documents is true and correct.

Signature _____

Printed Name _____ Date _____