

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

2235 Shannon Place, SE, Washington, DC 20020
(202) 645-7300, FAX (202) 645-3555, www.dfhv.dc.gov

OPERATING AUTHORITY APPLICATION FOR INDEPENDENT TAXICAB OWNER OPERATORS

SECTION A: GENERAL INFORMATION

Applicant: _____
(Corporate / Individual Name)

Trading As: _____
(For-Hire Business Name)

Business Address: _____
Street (P.O. Box Prohibited)

City	State	Zip Code	Telephone
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Home Phone: _____ Mobile: _____ Office: _____ Fax Number (Optional): _____

E-mail Address: _____ Web Address: _____

Social Media:    

DC Tax ID Number: _____ Federal Tax ID Number: _____

Please provide a copy of your occupancy permit Provide a copy of the tax letter or coupon for the DC and Federal Tax return.

SECTION B: VEHICLE REGISTRATION

Type of Service Taxicab Limousine/Black Car

VIN: _____ Year: _____ Make: _____ Model: _____ Tag#: _____ PVIN _____

Name of Registered Owner: _____ WAV: Yes _____ No _____

Insurance Company: _____ Policy Number: _____ Policy Effective Date: _____ Policy Expiration Date: _____

Fuel Type _____ Odometer Reading _____ Taxicab Only: Uniform Color? Yes No

SECTION C: BUSINESS STRUCTURE (Completed by Non-DC Residents)

(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.

2. Attach a copy of articles of incorporation, certificate of incorporation and bylaws.

3. Partnership. Attach an executed copy of partnership agreement bylaws .

4. Sole Proprietorship.

5. [] Unincorporated Association. Attach a copy of current by-laws and other rules.

SECTION D: DC RESIDENT AGENT FOR SERVICE OF LEGAL PROCESS (Completed by Non-DC Residents)

Name (applicant or authorized representative): _____

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

DC Street Address and Zip Code _____

Email Address: _____ Agent Signature: _____

SECTION E: APPLICANT ATTESTATION

I, _____, hereby certify under penalty of perjury, under the laws of the District of Columbia and the United States of America that all information supplied on this form and 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 Agency, 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 Number & 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 Department orders and requirements.

Applicant's Name: _____ Title: _____

Signature: _____ Date: _____

To report waste, fraud or abuse by any DC Government office or official, call the DC Inspector General at 1800-521-1639.

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(202) 645-7300, FAX (202) 546-3555, HTTP://DFHV.DC.GOV

Operating Authority for Independent Taxicab Owner Operators

Instructions and Application

To be accepted, the application must include all items listed in the application and check list below. Acceptance of your application fee and issuance of a receipt for payment by the DFHV does not constitute approval of the application.

Application Checklist

- Copy of your previous year Federal and Local Income Tax Returns
- Business Tax Registration
- Home or Business Certificate of Occupancy Permit
- Statement of Non-Discrimination
- Sections C & D must be completed by Non-DC Residents only