DISTRICT OF COLUMBIA TAXICAB COMMISSION
Application to Register Non-Profit Organization

Legal 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 _____

Proposed Use of Donated Vehicle

Please attach documents to confirm 501(c) 3 status

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 _____