GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF FOR-HIRE VEHICLES

2235 Shannon Place SE, Suite 2001, Washington, DC 20020 PHONE: (202) 645-7300/855-484-4966, FAX: (202) 889-3604, WEBSITE: www.dfhv.dc.gov

ONE STOP REGISTRATION FORM

SECTION 1

SECTION 1					
Type of Application:	□ ColorChang	je 🗆	Replacement Tag	□ Vehicle Change	□ New Registration
Renewal Registration	□ Duplicate R	egistration D0	CTCNo.		_
Type of Vehicle	□ Taxicab		Limousine		
Vehicle ID (VIN)		Year:	Make:	Model:	Tag#
Owners/Co. Full Legal Na	imes				
					rect to the best or my knowledge,
information and belief.					
Last four of SSN#:	DOB:	Vel	hicle Mileage:		
Owner's Signature				Date Signed	
Address					
City	State	Zip Code		Email address	
SECTION 2					
Association or Company	Name			Cab Nu	ımber
Association or Company	Official's Print	ed Name			
I declare and affirm under pe	enalty of perjury t	hat the statements	made hereinare true a	nd correct to the best of my	knowledge, information and belief.
Association or Company	Official's Signa	ature		Date	Signed
Insurance Company Nam	ıe	ا	Policy Number		<u>—</u>
Policy Effective Date		Policy Expir	ation Date		<u>—</u>
I declare and affirm under pe	nalty of perjury t	hat the statements	madehereinaretruea	ndcorrect to the best of my	knowledge, information and belief.
Insurance Company Official's Printed Name Date Signed					
must submit the follow	b, you must p ing informati	rovide a copy ion: 1)The less	of the lease agree ee's name, addres	ss, telephone numbe	g with this form. In addition, you er, date of birth, identification card g and expiration dates of the
DMV INSPECTION STA	ATION STAMI	AND DATE			
SECTION 5					
DFHV Approval				DATE	Seal