



DISTRICT OF COLUMBIA  
TAXICAB COMMISSION  
VEHICLE PHASE OUT WAIVER APPLICATION FORM

**SECTION 1 (TO BE COMPLETED BY APPLICANT)**

Type of Public Vehicle for Hire: <input type="checkbox"/> Taxicab Nonrefundable application fee per vehicle: \$50					
VIN	YEAR	MAKE	MODEL	TAG #	PVIN

**SECTION 2 (TO BE COMPLETED BY APPLICANT)**

Describe your reasons for seeking a waiver from the removal schedule for this vehicle.

Registration Holder's Printed Name \_\_\_\_\_ Date of application \_\_\_\_\_

Last four digits of Tax ID or SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date \_\_\_\_\_ Email address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_ Email address \_\_\_\_\_

I declare under penalty of perjury that the statements made on this form are true and correct to the best of my knowledge, information and belief.

Registration Holder's Signature \_\_\_\_\_

**SECTION 3 (TO BE COMPLETED BY DCTC)**

Date Waiver petition filed \_\_\_\_\_

Application decision:  Approved      Waiver valid from \_\_\_\_\_ to \_\_\_\_\_       Denied

Approved by (Printed Name): \_\_\_\_\_ Seal \_\_\_\_\_