



Government of the District of Columbia
Department of For-Hire Vehicles

2235 SHANNON PLACE, SE WASH., DC 20032, 202-645-7300 & DFHV.DC.GOV

ONE STOP REGISTRATION FORM

SECTION 1

Type of Application: ___ Color Change ___ Replacement Tag ___ Vehicle Change ___ New Registration
 Renewal Registration _____ Duplicate Registration DCTC No. _____

Type of Vehicle _____ Taxicab _____ Limousine

Vehicle ID (VIN) _____ Year: _____ Make: _____ Model _____ Tag# ___ Owners/Co. Full _____

Legal Names _____

I declare and affirm under penalty or perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Last four of SSN# _____ DOB _____ Vehicle Millage _____

Owner's Signature _____ Date Signed _____

Address _____

City _____ State _____ Zip Code _____ Email address _____

SECTION 2

Association or Company Name _____ Cab Number _____

Association or Company Official's Printed Name _____

I declare and affirm under penalty or perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Association or Company Official's Signature _____ Date _____ Signed _____

Insurance Company Name- _____ Policy Number _____

Policy Effective Date _____ Policy Expiration Date _____

Insurance Company Official's Printed Name _____

I declare and affirm under penalty or perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Insurance Company Official's Signature _____ Date Signed _____

SECTION 3-- Do you lease your taxicab? _____ YES _____ NO

If you lease your taxicab, you must **provide a copy of the lease agreement** to DFHV along with this form. In addition, you must submit the following information: 1) The lessee's name, address, telephone number, date of birth, identification card (face) number, and operator's permit number and issuing jurisdiction; 2) The beginning and expiration dates of the lease agreement.

SECTION 4

DMV INSPECTION STATION STAMP AND DATE

SECTION 5

DFHV Approval: _____ Date: _____ Seal _____

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