



DISTRICT OF COLUMBIA TAXICAB COMMISSION

PUBLIC VEHICLE FOR HIRE VEHICLE REGISTRATION ONE STOP 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 of 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 Mileage \_\_\_\_\_  
 Owner's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_ Email Address \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_ Alternative Phone Number \_\_\_\_\_

SECTION 2

Association or Company Name \_\_\_\_\_ PVIN Number \_\_\_\_\_  
 Association or Company Official's Printed Name \_\_\_\_\_

I declare and affirm under penalty of 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 of 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

DMV INSPECTION STATION STAMP AND DATE

SECTION 4

DCTC Approval \_\_\_\_\_ Date \_\_\_\_\_ Seal \_\_\_\_\_

To report waste, fraud or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.