

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF FOR-HIRE VEHICLES  
2235 Shannon Place, SE, Washington, DC 20020  
(202) 645-6018, FAX (202) 645-3555, http://dfhv.dc.gov

**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 DFHV 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

DFHV Approval \_\_\_\_\_ Date \_\_\_\_\_ Seal \_\_\_\_\_