



CERTIFICATE OF TITLE/TEMPORARY TAG APPLICATION

Please **PRINT** the information on this application.

A valid DC Driver License, DC Identification Card, DC Business License, DC Certificate of Occupancy, or a government issued document showing DC Tax Identification Number must accompany this application; AND Power of Attorney for a Dealer Temporary Tag.

- | | |
|--|--|
| <input type="checkbox"/> One Year Registration | <input type="checkbox"/> Two Year Registration |
| <input type="checkbox"/> One Year Registration with Residential Parking Permit (RPP) | <input type="checkbox"/> Two Year Registration with Residential Parking Permit (RPP) |

TYPE OF SERVICE					
<input type="checkbox"/> Temporary Tag	<input type="checkbox"/> New Title/New Tags	<input type="checkbox"/> New Title/Transfer Tags	<input type="checkbox"/> Title Only		
<input type="checkbox"/> Salvage Title	<input type="checkbox"/> Non-Repairable Title	<input type="checkbox"/> Duplicate Title			
APPLICANT INFORMATION (If a leased vehicle – provide the name of the Lessor and attach lease agreement)					
OWNER/LESSOR FULL NAME (Last, First, Middle)		DATE OF BIRTH	STATE DRIVER LICENSE OR ID CARD #		
BUSINESS NAME		FEDERAL EMPLOYEE IDENTIFICATION #			
JOINT OWNER(S) FULL NAME (Last, First, Middle) <small>(If vehicle is leased, the lessee's name will not appear on the title)</small>		DATE OF BIRTH	DRIVER LICENSE OR ID CARD #		
CURRENT ADDRESS (Address must match DC Driver License, DC Identification Card or DC Business License or state license for temporary tag)					
ADDRESS		UNIT/APT	CITY/STATE	ZIP CODE	
VEHICLE INFORMATION					
MAKE	YEAR	BODY	TITLE BRAND	UNLADEN WEIGHT	VEHICLE IDENTIFICATION NUMBER
ACTUAL MILEAGE		<input type="checkbox"/> I certify to the best of my knowledge that actual mileage is _____			
LIEN INFORMATION (A Lien agreement must accompany this application. If a lien exists, the title will be mailed to the Lien holder)				LIEN DATE:	
Name of Lien Holders		Lien Holders Address		Lien Amount	
INSURANCE COMPANY INFORMATION (Current Proof of DC Insurance must accompany this application)					
Name of Insurance Company		Policy Number		Policy Effective Date	Expiration Date

I/we certify that the above information is true and correct to the best of my/our knowledge, information, and belief. Any person(s) using a fictitious name or address and/or knowingly making any false statements on this application is in violation of DC Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (DC Official Code § 22-2405)

Signature of Owner/Lessor:	Date:
Signature of Joint Owner/Lessee:	Date:
Signature of Joint Owner/Lessee:	Date:

(Must be signed by Owner(s), Officer of Corporation or Partner in Partnership)

OFFICIAL DMV USE				
EXCISE TAX	SELLING PRICE (New Vehicles)	NADA BUSINESS/FAIR MARKET VALUE (Used Vehicles)		
\$	\$	\$		
TITLE # OR TEMPORARY TAG #	Approval by DMV Examiner	Date	Operator's Number	