



## CERTIFICATE OF TITLE 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.

- |  |  |
|--|--|
| <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"/> 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	
<b>APPLICANT INFORMATION</b> (If a leased vehicle – provide the name of the Lessor and attach lease agreement)			
OWNER/LESSOR FULL NAME (Last, First, Middle)		DATE OF BIRTH	DC 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 #
<b>CURRENT DC ADDRESS</b> (Address must match DC Driver License, DC Identification Card or DC Business License)			
ADDRESS	UNIT/APT	CITY/STATE	ZIP CODE
		WASHINGTON, DC	
<b>VEHICLE INFORMATION</b>			
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 _____		
<b>LIEN INFORMATION</b> (A Lien agreement must accompany this application. If a lien exists, the title will be mailed to the Lien holder)			<b>LIEN DATE:</b>
Name of Lien Holders		Lien Holders Address	Lien Amount
<b>INSURANCE COMPANY INFORMATION</b> (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 NUMBER	Approval by DMV Examiner	Date	Operator's Number

If you have questions, please visit our website [www.dmv.dc.gov](http://www.dmv.dc.gov) or call 311 in DC or 202-737-4404 outside the (202) area code. To report waste, fraud, or abuse by any DC Government Agency or official, call the DC Inspector General at 1-800-521-1639.