



APPLICANT INFORMATION



PERSONALIZED TAGS APPLICATION

Are you applying for \(\bigcup \) New or \(\bigcup \) Duplicate personalized tags for a vehicle?

GENERAL INSTRUCTIONS: You must fill out this application completely in order for your application to be processed. A non-refundable reservation fee of \$100.00 is due when the order is placed. Please note, this fee is in addition to any registration fees. You will be notified by US mail or e-mail concerning the availability of your selections and when the tags are ready for pick-up. Please allow approximately 6-8 weeks from the time your application is received. The tags will be available for pick-up at our Southwest Service Center, 95 M Street, SW upon notification. To obtain your personalized tags you must bring the following items to the Southwest Service Center: your valid DC Driver License or DC Identification Card and your current tags. YOU MUST SURRENDER YOUR CURRENT TAGS AND VEHICLE REGISTRATION CARD WHEN YOU PICK UP YOUR PERSONALIZED TAGS. NOTE: Personalized tags are only issued for use on registered private passenger vehicles. Lost or stolen personalized tags can not be duplicated.

FULL NAME (LAST, FIRST, MIDDLE)		DRIVER LICENSE OR ID CARD #		
Address		APT/UNIT NUMBER	CITY/STATE	ZIP CODE
			Washington, DC	
TELEPHONE NUMBER		E-MAIL ADDRESS		
()				
TYPES OF PERSONALIZED TAG				
Up to seven (7) letters, numbers, and/or spaces including the DC Flag:				
☐ Vehicle (Taxation Without Representation)		☐ Vehicle (www.washingtondc.gov)		
Up to five (5) letters, numbers, and/or spaces including the DC Flag (Space limitations do not allow the DC Flag imprint) *				
☐ Disability Tag*		☐ Motorcycle		
* Please indicate your top three (3) selections below. Enter a "#" sign in the blank if you would like the DC Flag to appear on your tags. No other punctuation marks or symbols are allowed.				
INDIVIDUAL PERSONALIZED TAG INFORMATION				
1.				
2.				
3.				
The DC DMV reserves the right to reject any personalized tag featuring a message or displaying an image that is offensive to the general public. To ensure a fair review, please provide a brief explanation for your request:				
the general public. To ensure a fail review, please provide a brief explanation for your request.				
OFFICIAL USE ONLY				
DMV EXAMINER NAME:			OPERATOR'S #:	
PROCESS DATE:				
DMV SERVICE CENTER LOCATION:				_