

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF MOTOR VEHICLES ADJUDICATION SERVICES www.dmv.dc.gov

DISTRICT OF COLUMBIA

MULTI-OWNER FLEET ENROLLMENT APPLICATION

Please print								
COMPANY/AGENCY NAME					DIVISION/BUREAU (if applicable)			
FLEET REPRESENTATIVE'S LAST NAME		FIRST NAME			MIDDLE NAME		SUFFIX	
FLEET REPRESENTATIVE'S ADDRESS	CITY				STATE	ZIP CODE		
PHONE NUMBER WITH AREA CODE				OFFICE FAX NUMBER WITH AREA CODE				
E-MAIL ADDRESS				SIGNATURE OF FLEET REPRESENTATIVE & DATE				
	F	OR GOVERNI	MENT USE C	NLY				
MULTI-OWNER FLEET NUMBER		EFFECTIVE DATE OF ENROLLMENT						

VEHICLE TAG NO.	STATE	VEHICLE TAG NO.	STATE	VEHICLE TAG NO.	STATE