



GOVERNMENT OF THE DISTRICT OF COLUMBIA TAXICAB COMMISSION

2235 Shannon Place SE, Washington, DC 20020, 2nd Floor Suite 2001
(202) 645-6001/855-484-4966, FAX (202) 645-3555, www.dctaxi.dc.gov

Application for a "DUPLICATE" Public Vehicle Operator's License (ID CARD): Any FALSE OR MISLEADING statement(s) in this application may be subject to the Penalty prescribed. Detection of such statements may result in the refusal of license, revocation of said license. All information must be typed or legibly printed. You MUST provide a copy of the original police report with the application.

I hereby make application for the issuance of a "DUPLICATE" PUBLIC VEHICLE OPERATOR'S LICENSE to replace the ID Card which has been

(State what happened to your license)

Signature _____ Home Telephone Number _____

PRINT NAME IN FULL _____
(FIRST) (MIDDLE) (LAST)

CURRENT ADDRESS _____
(STREET ADDRESS) (APT NUMBER, IF ANY)

Email _____

(CITY) (STATE) (ZIP CODE)

TYPE OF PERMIT: Taxicab___ Limo___ NVH___ Taxi and Limo___

ORIGINAL ID CARD NUMBER: _____ EXPIRATION DATE _____

DATE OF BIRTH _____ AGE _____ OCCUPATION _____

COUNTRY OF BIRTH _____ [] MALE [] FEMALE WEIGHT _____ HEIGHT _____

COLOR OF HAIR _____ COLOR EYES _____ SSN ____/____/____

OPERATOR PERMIT NUMBER _____ STATE _____ EXPIRES _____

Police Report Number _____ Precinct Reported To _____ Date Reported _____

Officer's Name _____ Badge Number _____

Applicant personally appeared before me, a notary of the District of Columbia, this _____ day of _____, the above named applicant who made the oath in due form of the law that the above are true. (Month) (Year)
Commission expires: _____

To report waste, fraud or abuse by any DC Government office or official, call the DC Inspector General at 1800-521-1639.