



REQUEST FOR DC TRIP PERMIT

International Registration Plan (IRP)

Phone Number: 202-729-7083 E-mail: dcirpdmv@dc.gov

\$50.00 TRIP PERMIT IS VALID FOR SIX (6) CONSECUTIVE DAYS
(PLEASE PRINT)

APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

BUSINESS INFORMATION			
BUSINESS NAME		FEIN	
STREET ADDRESS (No P.O. Box Numbers)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER W/AREA CODE		E-MAIL ADDRESS	

PERMIT TYPE	<input type="checkbox"/> Bus	<input type="checkbox"/> TRUCK
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VEHICLE INFORMATION				
VEHICLE MAKE/MODEL	VEHICLE YEAR	LICENSE PLATE NUMBER	STATE ISSUED	USDOT NUMBER
LICENSE PLATE EXPIRATION DATE	OPERATOR EQUIPMENT NUMBER	VEHICLE IDENTIFICATION NUMBER		

EFFECTIVE/EXPIRATION DATES AND TIME			
EFFECTIVE DATE	TIME	EXPIRATION DATE	TIME

(PERMITS ARE NOT TRANSFERABLE)

METHOD OF PAYMENT (MONEY ORDERS AND CHECKS MADE PAYABLE TO: DC TREASURER)				
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CHECK #: _____	<input type="checkbox"/> MASTERCARD*	<input type="checkbox"/> VISA*	<input type="checkbox"/> DISCOVER CARD*
<small>*I authorize payment with my credit card for DC DMV Trip Permit transactions.</small>				
NAME AS IT APPEARS ON CREDIT CARD: _____				
CARD NUMBER: _____		EXPIRATION DATE: _____		TOTAL AMOUNT: \$ _____

PREFERRED METHOD OF DELIVERY (INDICATE COURIER AND RATE TO BE BILLED)			
<input type="checkbox"/> PICK UP (MON-SAT 8:15 AM - 4:00 PM)			
<input type="checkbox"/> REGULAR MAIL			
<input type="checkbox"/> EXPRESS SERVICE: CUSTOMER ACCOUNT #: _____			
FED EX SERVICE	DHL SERVICE	UPS SERVICE	CREDIT CARD
<input type="checkbox"/> PRIORITY OVERNIGHT	<input type="checkbox"/> SAME DAY	<input type="checkbox"/> NEXT DAY	<input type="checkbox"/> MASTERCARD*
<input type="checkbox"/> STANDARD OVERNIGHT	<input type="checkbox"/> TIME DEFINITE: _____	<input type="checkbox"/> STANDARD GROUND	<input type="checkbox"/> VISA*
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> DAY DEFINITE: _____	<input type="checkbox"/> EXPRESS OVERNIGHT	<input type="checkbox"/> DISCOVER CARD*
	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____	

(IF DIFFERENT FROM ABOVE): CARD NUMBER: _____	EXPIRATION DATE: _____
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Any person using a fictitious name or address and/or knowingly making any false statement on this application is in violation of D.C. Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code §22-2405).

I hereby certify, under penalty of perjury, that the information contained on this application is true and correct.

APPLICANT SIGNATURE: _____	DATE: _____
DMV AUTHORIZING OFFICIAL SIGNATURE AND DATE	AUTHORIZED PERMIT NUMBER

To report waste, fraud, or abuse by any DC Government Agency or official, call DC Inspection General at 1-800-521-1639.
Visit our website: www.dmv.dc.gov or call 311 or 202-737-4404 for additional information.