



Metropolitan Police Department

Auto Theft Unit

Anti-Theft Inspection



DC TITLE APPLICANT'S INFORMATION

Vehicle Identification Number (VIN)
Date ___/___/___

Last _____ **First** _____ **Birth** ___/___/___

Business Address (if applicable) _____

Home Address _____

City _____ **State** _____ **Zip** _____

Cell Phone # (____) ____ - _____ **Text Notifications** (*Standard text message rates apply) YES NO

Alternate # (____) ____ - _____ **Email Address** _____

ID/Driver's License # _____ **License State** DC **Sex** _____

Year _____ **Make** _____ **Model** _____ **Style** _____ **Color** _____

Purchase Date ___/___/___ **Purchase Cost** _____ **Odometer Reading** _____

Dealership/Seller _____ **Title Number** _____ **State** _____

(DC Temporary) Tag #/State _____ / DC

ANTI-THEFT INSPECTION CERTIFICATION:

It is certified that the Auto Theft Unit of the Metropolitan Police has checked the identification numbers of the vehicle described above, and our records do not list this vehicle as stolen.

APPROVED DENIED

Date Certified _____ **Certifying Detective** _____ **Badge** _____

COMMENTS:
