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

# 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 | | |
| | | | | |
| FOR GOVERNMENT USE ONLY | | | | |
| MULTI-OWNER FLEET NUMBER | | EFFECTIVE DATE OF ENROLLMENT | | |
| | | | | |

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