

GOVERNMENT OF THE DISTRICT OF COLUMBIA
EXECUTIVE OFFICE OF THE MAYOR MURIEL E. BOWSER

Office of Veterans Affairs



Applicant's Certification:

Name of Organization: DC OFFICE OF VETERANS AFFAIRS (PROUD DC VETERAN) _____

I, _____, certify that I am a DC Veteran, Military Servicemember or Qualifying Spouse applying for an organizational tag under the DC Office of Veterans Affairs (OVA). I understand that I must submit a \$52.00 payment for a one-time application fee in addition to any applicable renewal fee. Upon demand by the Department of Motor Vehicles, I understand the organizational tag must be returned to the Department of Motor Vehicles within thirty (30) days. I further understand that failure to return the tags in a timely manner shall result in the rescission or revocation of the registration by the Department of Motor Vehicles. I understand it is unlawful to willfully make a false statement in so doing, is subject to criminal charges. I certify under penalty of perjury that all documentation/information contained within this application are true and correct.

Applicant's Signature: _____ Date: _____

Co-Owner's Signature: _____ Date: _____
(Co-owner must sign application before it will be processed for an organization tag)

Organization Authorization:

I, Tammi Lambert, do by affixing my signature hereby certify that the above named individual is a qualified DC Veteran/Military Servicemember or Qualifying Spouse, and has supplied documented proof as stated in the regulations and that he/she is authorized to apply for an OVA organizational tag in the Office of Veterans Affairs' name. I understand it is unlawful to willfully make a false statement in so doing, is subject to criminal charges. I certify under penalty of perjury that all answers and information contained within this application are true and correct.

Official Signature: _____ Date: _____

Print Name: Tammi Lambert, Director
Telephone Number: 202-724-5454

