## GOVERNMENT OF THE DISTRICT OF COLUMBIA EXECUTIVE OFFICE OF THE MAYOR

Vincent C. Gray Mayor



Matthew J. Cary Director

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 Spouse applying for an organizational tag under the DC Office of Veterans must submit a \$52.00 payment for a one-time application fee in addition to demand by the Department of Motor Vehicles, I understand the organization Department of Motor Vehicles within thirty (30) days. I further understand the timely manner shall result in the rescission or revocation of the registration Vehicles. I understand it is unlawful to willfully make a false statement in scharges. I certify under penalty of perjury that all documentation/informatical application are true and correct.	Affairs (OVA). I understand that I any applicable renewal fee. Upon that lag must be returned to the hat failure to return the tags in a n by the Department of Motor o doing, is subject to criminal
Applicant's Signature: I	Date:
Co-Owner's Signature:  (Co-owner must sign application before it will be processed for an o	Date: organization tag)
Organization Authorization:  I, _Matthew J. Cary, do by affixing my signature hereby certify that the qualified DC Veteran/Military Servicemember or Qualifying Spouse, and h stated in the regulations and that he/she is authorized to apply for an OVA Veterans Affairs' name. I understand it is unlawful to willfully make a false to criminal charges. I certify under penalty of perjury that all answers and i application are true and correct.	as supplied documented proof as organizational tag in the Office of statement in so doing, is subject
Official Signature:	_ Date:
Print Name: MATTHEW J. CARY	
Official Telephone Number: 202-724-5454	

