

SALESPERSON NAME	SALES LICENSE #	SALESPERSON NAME	SALES LICENSE #

INSURANCE CERTIFICATION

INSURANCE COMPANY	AGENT'S NAME	POLICY NUMBER	EFFECTIVE DATES

NOTARY PUBLIC CERTIFICATION

Applicants must sign this affidavit in the presence of a Notary Public

Signature of Applicant _____ Date: _____
(must be signed and dated in ink by the owner or individual authorized to represent the company or agency).

On this _____ day of _____, 20____, before me a notary public, personally appeared _____ who made oath in due form or law that the statements made in this application are true.

PLACE
SEAL
HERE

Witness my hand and notary seal: _____

My commission expires: _____

DMV OFFICIAL USE:

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
DMV Representative Signature: _____ Date: _____	
Remarks: _____	

(4)

Dealer Status (Please Check One):	
<input type="checkbox"/> Active	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked
DMV Signature and Date: (Confirming Receipt of Application)	

*To report waste, fraud and abuse by any DC Government official or agency,
call the DC Inspector General at 1-800-521-1639.*

For additional information, visit the DMV website: www.dmv.dc.gov or call 202-727-5000.