



Government of the District of Columbia — Department of Motor Vehicles  
**APPLICATION FOR DIGITAL CERTIFICATE**



- Please complete Sections 1 & 2 of this application, leaving Section 3 blank. Please bring this completed application to the Department of Motor Vehicles, 301 C Street NW, Room 1036, Washington, DC 20001 (Enforcement Office). If you have any questions contact the Enforcement Office at 202.727.5518.
- This digital certificate application will be in effect for one year from the activation date. The dealership/business is responsible for filing a new application with the Department of Motor Vehicles before the expiration date.

**SECTION 1: Please fill out this section completely. Please print with a ballpoint pen.**

Dealership/Business Name:

Representative Name: (Last) (First) (Middle Initial)

Representative Title:

Federal Employer Identification Number (FEIN):

Address:

City/State:

Zip Code:

Telephone Number:

Fax Number:

Email Address:

**SECTION 2: Applicant's Certification**

I certify by my signature, under penalty of perjury, that the information given in this application is true to the best of my knowledge and belief.

Signature:

Date:

**SECTION 3: For DMV Use Only**

Dealership Number:

Activation Date:

Dealer Status (Please Check One):  Active  Suspended  Revoked

**Pass Code:**

DMV Signature:  
(Confirming Receipt of Application)

Date: