



## REQUEST FOR DC TRIP PERMIT

International Registration Plan (IRP)

Phone Number: 202-729-7083 E-mail: [dcirpdmv@dc.gov](mailto:dcirpdmv@dc.gov)

**\$50.00 TRIP PERMIT IS VALID FOR SIX (6) CONSECUTIVE DAYS**  
(PLEASE PRINT)

APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

BUSINESS INFORMATION			
BUSINESS NAME		FEIN	
STREET ADDRESS (No P.O. Box Numbers)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER W/AREA CODE		E-MAIL ADDRESS	

<b>PERMIT TYPE</b>	<input type="checkbox"/> Bus	<input type="checkbox"/> TRUCK
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VEHICLE INFORMATION				
VEHICLE MAKE/MODEL	VEHICLE YEAR	LICENSE PLATE NUMBER	STATE ISSUED	USDOT NUMBER
LICENSE PLATE EXPIRATION DATE	OPERATOR EQUIPMENT NUMBER	VEHICLE IDENTIFICATION NUMBER		

EFFECTIVE/EXPIRATION DATES AND TIME			
EFFECTIVE DATE	TIME	EXPIRATION DATE	TIME

(PERMITS ARE NOT TRANSFERABLE)

METHOD OF PAYMENT ( MONEY ORDERS AND CHECKS MADE PAYABLE TO: DC TREASURER)				
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CHECK #: _____	<input type="checkbox"/> MASTERCARD*	<input type="checkbox"/> VISA*	<input type="checkbox"/> DISCOVER CARD*
<i>*I authorize payment with my credit card for DC DMV Trip Permit transactions.</i>				
NAME AS IT APPEARS ON CREDIT CARD: _____				
CARD NUMBER: _____		EXPIRATION DATE: _____		TOTAL AMOUNT: \$ _____

PREFERRED METHOD OF DELIVERY (INDICATE COURIER AND RATE TO BE BILLED)			
<input type="checkbox"/> PICK UP (MON-SAT 8:15 AM - 4:00 PM)			
<input type="checkbox"/> REGULAR MAIL			
<input type="checkbox"/> EXPRESS SERVICE: CUSTOMER ACCOUNT #: _____			
FED Ex SERVICE	DHL SERVICE	UPS SERVICE	CREDIT CARD
<input type="checkbox"/> PRIORITY OVERNIGHT	<input type="checkbox"/> SAME DAY	<input type="checkbox"/> NEXT DAY	<input type="checkbox"/> MASTERCARD*
<input type="checkbox"/> STANDARD OVERNIGHT	<input type="checkbox"/> TIME DEFINITE: _____	<input type="checkbox"/> STANDARD GROUND	<input type="checkbox"/> VISA*
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> DAY DEFINITE: _____	<input type="checkbox"/> EXPRESS OVERNIGHT	<input type="checkbox"/> DISCOVER CARD*
	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____	

(IF DIFFERENT FROM ABOVE): CARD NUMBER: _____	EXPIRATION DATE: _____
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Any person using a fictitious name or address and/or knowingly making any false statement on this application is in violation of D.C. Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code §22-2405).

I hereby certify, under penalty of perjury, that the information contained on this application is true and correct.

APPLICANT SIGNATURE: _____	DATE: _____
DMV AUTHORIZING OFFICIAL SIGNATURE AND DATE	AUTHORIZED PERMIT NUMBER

To report waste, fraud, or abuse by any DC Government Agency or official, call DC Inspection General at 1-800-521-1639.  
Visit our website: [www.dmv.dc.gov](http://www.dmv.dc.gov) or call 311 or 202-737-4404 for additional information.