



LEASING AGENT TITLE/TEMPORARY REGISTRATION AND TAG APPLICATION

Please **PRINT** the information on this application.

This application is to be used by Leasing Agents. Vehicle is titled and registered in DC to either DC Company or non-DC Company. The leasing agent will be on the title as lessor. The DC or non-DC company will be on the registration as lessee, and the leasing agent will be on the registration as primary lessee.

| TYPE OF SERVICE | | | | | |
|--|------|---|--|-----------------------|-------------------------------|
| <input type="checkbox"/> Temporary DC Registration <input type="checkbox"/> New Title/New Tags <input type="checkbox"/> Reciprocity (Take Home) <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Temporary Tag <input type="checkbox"/> One Year Registration <input type="checkbox"/> One Year Registration with Residential Parking Permit (RPP) | | | | | |
| LEASING AGENT NAME (Vehicle will be title in Leasing Agent's name) | | | FEDERAL EMPLOYEE IDENTIFICATION # | | |
| LEASING AGENT ADDRESS | | | | | |
| ADDRESS | | UNIT | CITY/STATE | | ZIP CODE |
| PRIMARY COMPANY/LESSEE FULL NAME | | | FEDERAL EMPLOYEE IDENTIFICATION # | | |
| ADDRESS | | UNIT | CITY/STATE | | ZIP CODE |
| COMPANY/LESSEE FULL NAME | | | FEDERAL EMPLOYEE IDENTIFICATION # | | |
| ADDRESS | | UNIT | CITY/STATE | | ZIP CODE |
| VEHICLE INFORMATION | | | | | |
| MAKE | YEAR | BODY | TITLE BRAND | UNLADEN WEIGHT | VEHICLE IDENTIFICATION NUMBER |
| | | | | | |
| ACTUAL MILEAGE | | <input type="checkbox"/> I certify to the best of my knowledge that actual mileage is _____ | | | |
| LIEN/SECURITY AGREEMENT INFORMATION | | | | | LIEN DATE: |
| <small>(A Lien/Security agreement must accompany this application if applicable. If a lien exists, the title will be mailed to the Lien holder)</small> | | | | | |
| Name of Lien Holders | | | Lien Holders Address | | Lien Amount |
| | | | | | |
| INSURANCE COMPANY INFORMATION (Current Proof of Insurance must accompany this application) | | | | | |
| Name of Insurance Company | | Policy Number | | Policy Effective Date | Expiration Date |
| | | | | | |

I/we certify that the above information is true and correct to the best of my/our knowledge, information, and belief. Any person(s) using a fictitious name or address and/or knowingly making any false statements on this application is in violation of DC Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (DC Official Code § 22-2405)

| | |
|----------------------|-------|
| Signature of Lessor: | Date: |
| Signature of Lessee: | Date: |

(Must be signed by Owner(s), Officer of Corporation, Partner in Partnership or Person with accompanying power of attorney)

| OFFICIAL DMV USE | | | | |
|--|--|-------------------------------------|--|--|
| EXCISE TAX | | SELLING PRICE (New Vehicles) | | NADA BUSINESS/FAIR MARKET VALUE (Used Vehicles) |
| \$ | | \$ | | \$ |
| TITLE # OR TAG# (HARD OR TEMPORARY) | | Approval by DMV Examiner | | Date |
| | | | | |
| | | | | Operator's Number |
| | | | | |

If you have questions, please contact Processing Center Manager at 202-729-7041.
To report waste, fraud, or abuse by any DC Government Agency or official, call the DC Inspector General at 1-800-521-1639.