



DISTRICT OF COLUMBIA TAXICAB COMMISSION
Application to Register a Digital Dispatch Service (DDS)

Legal Name of the Company _____

Trade Name of the Company _____

Address _____ City _____ State _____ Zip Code _____

Website _____ Phone _____ Fax _____ Tax ID # _____

Primary Contact Name _____ Title _____ Email _____

Customer service telephone number or email address _____

Applicant's Printed Name _____

Vehicle-for-Hire Services Dispatched (check all that apply): Taxicab - Booking Only Taxicab - Booking and Payment Black Car
Private Sedans

I swear or affirm subject to the penalties of perjury that the information provided on this form and in the attached documents is true and correct.

Signature _____

Printed Name _____ Date _____