

Office of Public Carrier Regulation

P.O. Drawer E

Dover, DE 19903

Phone: (302) 744-2706 Fax: (302) 739-6299

New Vehicle/Vehicle Swap Form

Company Name: _____

Company Contact: _____

Contact Phone Number: _____

Docket Number: _____

New Vehicle

Year: _____ Make: _____ Model: _____

Vehicle Identification Number: _____

License Plate Number: _____

DeIDOT Number: _____ Number of Passengers: _____

Old Vehicle

Year: _____ Make: _____ Model: _____

Vehicle Identification Number: _____

License Plate Number: _____

DeIDOT Number: _____ Number of Passengers: _____

Company Representative (Print)

Company Representative (Signature)

Changes to fleet will not be processed unless an authorized company representative signs this form. Please include a copy of the vehicles registration card, insurance card, a passing DMV inspection form and a check made payable to DeIDOT. Vehicle fees: 10 passengers or less, \$7.50; 11 passengers or more, \$10.00. Note: DMV Inspection not required for NEW model vehicles.

(For use by the Office of Public Carrier Regulation only)

Received By: _____

Date Received: _____

Entered By: _____