EXPRESS TRANSACTION FORM
Office of Public Carrier
119 Lower Beech Street, Wilmington, DE. 19805-4440
(800) 652-3278 Prompt 7, FAX 302-577-1042
M-F 8:30 AM to 4:00 PM

The Express Transaction Program is designed to renew, add, remove or transfer of vehicles in an efficient manner. The program requires that the below information be provided to the Office of Public Carrier via telephone, or by completing and faxing this Information Sheet to the Office of Public Carrier prior to arrival.

INSTRUCTIONS

1. Every Express Transaction Program applicant must complete "Section A."
2. Complete Section "B" or "C," whichever is applicable to the transaction to be performed. "Insert "N/A" where information is not applicable or required by the transaction.
3. Complete more than one sheet if multiple vehicles are being renewed, added, removed or transferred.
4. Public carrier must bring or fax to the Office of Public Carrier a) a "Pass" DMV Vehicle Inspection Report, b) a Valid Vehicle Insurance Card, and c) an acceptable form of Payment.

Please Note: A failure to bring 1) the above documentation, 2) documentation which is consistent with the information provided and/or 3) payment will prevent the transaction from being completed. Payment of outstanding fines and penalties must be made at the time of renewal in order to complete the renewal process.

A Transaction cannot be processed 15 minutes before closing – 4:00 PM.

INFORMATION SHEET

SECTION A		
Company Name:		
Company Address:		
Telephone:	Email Address:	
Payment Method (Cash, Credit or Check):		

SECTION B - Vehicle Renewal		SECTION C - Vehicle Add, Removal or Transfer	
Vehicle Tag Number:		Total Vehicles Allowed Per Certificate of Operation:	
Inspection Date:		**Vehicle to be Added to Service**	
		Make:	Model:
		Year:	Odometer:
		Tag Number:	
		Vin Number:	
		Insurance Expiration Date:	
Inspection Location: Inspection Result:		**Vehicle to be Removed from Service**	
Inspection Result:		Make:	Model:
		Year:	Odometer:
		Tag Number:	
		Vin Number:	
NAIC Code:		NAIC Code:	
Insurance Expiration Date:		Insurance Expiration Date:	