

STATE OF DELAWARE
Office of Public Carrier
DELAWARE TRANSIT CORPORATION
119 LOWER BEECH STREET
WILMINGTON, DE 19805

Phone: 1-800-652-3278 Fax: (302) 577-1042

Duplicate Inspection Sticker Form

Company Name: _____

Company Contact: _____

Contact Phone Number: _____

Docket Number: _____

Vehicle Information

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. There will be a \$1.00 charge for all duplicate sticker requests. Please include a check made payable to DeIDOT.

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

Received By: _____

Date Received: _____

Entered By: _____