



**STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES**

**AFFIDAVIT TO RELEASE RETAINED LICENSE PLATE TO RELATIVE
(IMMEDIATE FAMILY MEMBERS ONLY)**

I, _____, by signing this affidavit give my permission to my _____ (Relationship), _____ (Name), for the purpose of retaining my Delaware license plate number _____ from pending to his/her new vehicle. I wish to give up my rights to the license plate number listed above.

I certify, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature

Printed Name

Signature of Co-Owner (if plate joined by AND)

Printed Name

SWORN TO AND SUBSCRIBED before me this
_____ day of _____, 20__.

Notary Public

PLEASE FILM