



Application and supporting documentation must be submitted electronically and in color to: DOTTransporterLicensing@delaware.gov

SELECT ONE: NEW APPLICATION CHANGE OF ADDRESS APPLICATION

LEGAL COMPANY NAME:

DBA: _____ DOT NUMBER: _____

COMPANY ADDRESS: _____

COMPANY PHONE NUMBER: _____ EMAIL ADDRESS: _____

COUNTY OF BUSINESS: NEW CASTLE KENT SUSSEX NUMBER OF OFFICERS _____

MAILING ADDRESS: _____

Application shall not have any alterations including erasures or whiteout. Company's legal name must match completely on all documents.

There is no fee to submit an application for a Transporter License with the Delaware Division of Motor Vehicles. However, there is a \$50 fee for license issuance. Transporter plates are \$10 per plate per year.

To mail application by FedEx/UPS: Delaware Division of Motor Vehicles Attention: Vehicle Services Help Desk 303 Transportation Circle, Dover, DE 19901

To mail application by USPS: Delaware Division of Motor Vehicles Attention: Vehicle Services Help Desk P.O. Box 698, Dover, DE 19903

Note: Per [21 Del. C. § 3302 \(d\)](#). At least 30 days prior to changing the location of the transporter's business, the transporter must notify the Division by completing a new application (LT1) prescribed by the Division.

FOR DMV USE ONLY

LIC. TRANS. ID: _____ DATE: _____

LICENSE REQUIRED DOCUMENTS

1. Licensed transporter application completed. (LT1)
2. Officer certification and five (5) year driving record for each officer. (LT2)
3. Color copy of each Delaware officer(s)/owner(s) driver license.
4. Disclaimer of Relatives completed by each officer/owner and driver. (LT3)
5. Copy of form SS-4 (CP 575) or LTR 147C notice issued by the IRS with your assigned EIN number. Contact the IRS at 1-800-829-4922 for additional assistance.
6. Trade Name Registration if using a doing business as (DBA).
7. Copy of the Delaware Division of Revenue business license - general services.
8. Copy of the city business license if within city limits (if applicable).
9. Must be in good standing with the Delaware Division of Corporations.
10. Copy of the deed, mortgage statement, lease agreement, or rental agreement for the office location. The lease or rental agreement must indicate approved use and the documents must be in the legal name of this business or business owner.
11. Phone bill in company's legal name, address and phone number.
12. Completed authorized driver certification form. (LT4)
13. Contract for transporting services
14. Insurance for Licensed Transporter Plates

BACKGROUND CHECK REQUIREMENTS

Each criminal history report must be placed in a sealed envelope with the individuals name on the outside. Reports must be delivered in person or by overnight mail (FedEx, UPS, USPS).

Delaware Division of Motor Vehicles
Attention: Vehicle Services Help Desk
303 Transportation Circle
Dover, DE 19901

DO NOT EMAIL CRIMINAL BACKGROUND CHECKS.

All Delaware residents applying for a transporter license are required to provide a copy of their criminal history for all owners and officers of the transporter business. Residents of Delaware that have been in the State for less than two (2) years must attach a state certified criminal history from their last state of residency in addition to their Delaware criminal history.

Please indicate any and all arrests and charges, including any which occurred in other states, including any that are pending, were dismissed or nolle prosequi.

There will be no reimbursement for any monies expended in connection with the application process if the application is denied.

Background checks are required to be issued within the last 6 months.

Delaware criminal background check information may be obtained at <https://uenroll.identogo.com>
Service Code: 27RVGT



TRANSPORTER NAME:

TRANSPORTER NUMBER:

COMPLETE ONE PER OFFICER

CORPORATION

- Chief Executive Officer (CEO)
- Chief Operating Officer (COO)
- Chief Financial Officer (CFO)
- President
- Vice President

LIMITED LIABILITY COMPANY (LLC)

- Sole Member
- Member

GENERAL PARTNERSHIP (GP) TWO OR MORE PARTNERS

- Partner

LIMITED PARTNERSHIP (LP) ONE OR MORE GENERAL PARTNERS, PLUS ONE OR MORE LIMITED PARTNERS

- General Partner (GP)
- Limited Partner (LP)

LIMITED LIABILITY PARTNERSHIP (LLP) TWO OR MORE PARTNERS

- Partner

SOLE PROPRIETORSHIP

- Individual/Owner

21 Del. C. § 3301(c) Resident requirements. The owner of a transporter business must have been issued a Delaware driver license and established residency in Delaware at least 90 days prior to the time of application.

OFFICER NAME:

DATE OF BIRTH:

HOME ADDRESS:

DRIVER LICENSE NUMBER:

STATE:

PHONE NUMBER:

MOBILE NUMBER:

EMAIL:

OFFICER NAME:

TRANSPORTER NUMBER:

PLEASE CHECK "YES" OR "NO" FOR EACH OF THE BELOW QUESTIONS. YES NO

1. Been convicted of an offense other than a traffic violation?	<input type="radio"/>	<input type="radio"/>
2. Been subject to any disciplinary action, past or pending, by any administrative, governmental or regulatory body?	<input type="radio"/>	<input type="radio"/>
3. Been charged with a violation of any statute, rule, regulation or ordinance of any municipal, administrative, regulatory or other governmental body?	<input type="radio"/>	<input type="radio"/>
4. Owe taxes or obligations to the state of Delaware?	<input type="radio"/>	<input type="radio"/>
5. Had a drivers license for a minimum of 12 months?	<input type="radio"/>	<input type="radio"/>
6. Had a suspended or revoked driver license in the last five years?	<input type="radio"/>	<input type="radio"/>
7. Had eight or more points on their driver license in the last five years?	<input type="radio"/>	<input type="radio"/>

IF "YES", PROVIDE AN EXPLANATION FOR EACH QUESTION.

Complete the following if the officer is currently or previously employed or was an officer at a dealership or transporting company. If not, write N/A (not applicable). Do not leave blank.

NAME OF DEALERSHIP/TRANSPORTING COMPANY	STATE	DATES OF EMPLOYMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

Two references (individual, non-relative and not a co-applicant).

NAME:	ADDRESS:
_____	_____
PHONE:	EMAIL:
_____	_____
NAME:	ADDRESS:
_____	_____
PHONE:	EMAIL:
_____	_____

TRANSPORTER NAME:

TRANSPORTER NUMBER:

I further certify under the penalties provided by law that I have read and understand all information requested and requirements stated on this application. I understand that any transporter license issued is subject to suspension for violation(s) of Title 11 or Title 21 of the Delaware Code; any violation(s) of Delaware Law; or any violation(s) of the Division of Motor Vehicles Rules and Regulations. I hereby certify that there are no misrepresentations or falsifications in the information stated in this application. I am aware that false and/or misleading statements or omissions may be cause for the denial of an initial application or the renewal of a transporter's license. Any violation of the laws and regulations of this or other states may result in the suspension or revocation of my transporter license and my ability to be employed at a transporter or dealership for up to five (5) years.

I understand Delaware law requires transporters to allow full and free access to DMV (as outlined above) to all transporter books and records pertaining to the transporting of any motor vehicle or mobile home by the transporter. Access shall be granted during the transporter's normal business hours to duly authorized representatives of the Division of Motor Vehicles, Attorney General's Office or law enforcement officers.

The Division has the final approval or denial on all applications. For additional questions, please contact DOTTransporterLicensing@delaware.gov.

SIGNATURE OF OFFICER/OWNER:

PRINTED NAME OF OFFICER/OWNER:

DATE:

Officer/Owner of Company who appeared before me personally

_____ who by me duly sworn under oath says that the statements set forth above are true and correct.

Sworn to and subscribed before me this _____ day of _____ 20 _____

NOTARY:



TRANSPORTER NAME:

TRANSPORTER NUMBER:

The State of Delaware's Code of Conduct limits the private behavior of public employees where it conflicts with public duties. Employees shall not have any interests, financial or otherwise, direct or indirect, or engage in any business or transaction or professional activity or incur any obligation of any nature that is or may be in conflict with the proper discharge of their duties. Based upon the Code of Conduct, all owner applicants and drivers are responsible for **identifying relatives employed by the Delaware Division of Motor Vehicles.**

A relative is defined as a direct or indirect connection between persons by blood, marriage, adoption, domestic partnership, or a personal relationship that includes cohabitation or equivalent relationship. It is further defined as spouse, child, parent, stepchild, stepparent, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, nephew, parent-in-law, daughter-in-law, son-in-law, brother-in-law and sister-in-law. Relatives of domestic partners shall be treated in the same manner as indicated above. Any changes to a relatives' employment status with the Delaware Division of Motor Vehicles must be reported within 72 hours.

I acknowledge that I have relatives working for Delaware Division of Motor Vehicles.

Include the employee's name(s), your relationship to the employee(s), and work location(s) of each employee (Delaware City, Dover, Georgetown, or Wilmington) if known.

EMPLOYEE'S NAME:

RELATIONSHIP:

WORK LOCATION:

OR

I acknowledge that I have *no* relatives working for the Delaware Division of Motor Vehicles.

AND

I acknowledge that I understand and will comply with this disclaimer by identifying any known relatives of the Division. Every owner and driver must submit a Disclaimer of Relatives form. Additional steps may be required, or outcome(s) may vary, based upon the relationship with the employee.

OWNER/DRIVER NAME (print):

OWNER/DRIVER SIGNATURE:

DATE:



AUTHORIZED DRIVER CERTIFICATION

FORM LT4

TRANSPORTER NAME:

TRANSPORTER NUMBER:

You must provide a clear color copy of applicant's driver license and five-year driving record when adding authorized drivers.

Add authorized drivers below (name must match driver license, legal name).

PRINT NAME:

SIGNATURES:

Remove authorized drivers below

EMPLOYEE NAME

All changes to authorized drivers must be reported to DMV immediately.

IF NOTARY IS SEALED WITH AN INK STAMP, YOU MAY EMAIL THIS FORM TO DOTTRANSPORTERLICENSING@DELAWARE.GOV

The personnel noted above are drivers of the above transporter and are authorized to act on behalf of the transporter. Officers can only be added by completing a new application (LT1). Officers are automatically authorized drivers.

I certify that I am the sole proprietor, corporate officer, or member of the transporter business and that I have authority to execute authorization on behalf of the transporter above. Each transporter shall be responsible for all acts of any of their employees in accordance with 21 Del. C. § 3306(b).

PRINT NAME OF OFFICER:

SIGNATURE OF OFFICER:

OFFICER TITLE:

Before me personally appeared

_____ (Officer of Transporter) who by me duly

sworn under oath says that the statements set forth above are true and correct.

Sworn to and subscribed before me this _____ day of _____ 20 _____

NOTARY PUBLIC:

STATE OF



(FOR UNREGISTERED VEHICLES AND MOBILE HOMES ONLY)

This form is to be completed for each transport and kept for renewal and additional plate requests.

TRANSPORTER NAME:

TRANSPORTER NUMBER:

ADDRESS:

CONTRACT DATE:

LT PLATE NUMBER:

DRIVER NAME:

DRIVER LICENSE NUMBER:

CUSTOMER/CONTRACT INFORMATION

NAME:

PHONE NUMBER:

ADDRESS:

VEHICLE VIN/MOBILE HOME SERIAL NUMBER:

YEAR/MAKE/MODEL:

TRANSPORTING FROM

ADDRESS:

TRANSPORTING TO

ADDRESS:

OWNER'S SIGNATURE:



DELAWARE LICENSED TRANSPORTER PLATE APPLICATION FORM LT6

This form is used to request transporter plates. This application and proof of insurance must be emailed to DOTTransporterLicensing@delaware.gov

TRANSPORTER NAME: _____ DOT NUMBER: _____ TRANSPORTER NUMBER: _____

DATE: _____ COMPANY PHONE NUMBER: _____

OFFICER NAME: _____ SIGNATURE OF OFFICER: _____

NUMBER OF TRANSPORTER PLATE LOGS SUBMITTED (LT5): _____

NUMBER OF PLATES REQUESTED: _____

The number of approved transporter plates issued is at the discretion of the Division, determined by the information provided at the time of application. You may be issued less plates than requested until proper documentation is submitted and approved. (1-9 transports qualifies for up to 3 plates, 10+ transports qualifies for up to 5 plates maximum per 21 Del. C. § 2124(g)).

**PROOF OF INSURANCE MUST BE SUBMITTED AND INCLUDE THE FOLLOWING:
LICENSED TRANSPORTER'S LEGAL NAME, LICENSED TRANSPORTER'S ADDRESS, AND
IDENTIFY THE NUMBER OF TRANSPORTER PLATES COVERED UNDER THE POLICY.**

In accordance with 21 Del C. § 3311, if a licensed transporter fails to renew the transporter's license, and if the Division revokes a transporter license, or denies the renewal of a transporter licensed under the chapter, the transporter must immediately return both the license and all transporter plates issued to the transporter.

Transporter plates are non-transferable to other transporters.

FOR DMV USE ONLY

This application is: APPROVED DENIED

Reason for denial: _____

PLATE NUMBER ISSUED: _____

APPROVED BY: _____ DATE: _____