



State of Delaware Self Inspection Renewal

Date _____

DOT# _____

	PLATE #	FULL VIN #	1 OR 2 REG YEARS	ODOMETER	ODOMETER READING DATE	REGISTERED WEIGHT	COLOR	AXLES Include steering	BRAKES Yes OR No (trailers)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

_____ (Print Company Name) Certifies that each vehicle being renewed above has been inspected
 by _____ (Print Technicians Name) for safety and is in compliance with Delaware laws, policies and
 regulations regarding equipment and safety.

Authorized Signature _____ email address _____

Submit copy of insurance card