Delaware Division of Motor Vehicles

FORM MV569

Automotive Recycler Scrap Report

PLEASE LEGIBLY PRINT OR TYPE ALL INFORMATION. ALL TITLES OR OTHER OWNERSHIP DOCUMENTS FOR VEHICLE LISTED ON THIS FORM MUST BE ATTACHED. ORIGINAL REPORT MUST BE SUBMITTED TO THE DIVISION, A COPY GIVEN TO THE SCRAP HAULER AND A COPY MUST BE RETAINED BY THE RECYCLER. MAIL COMPLETED REPORTS TO DELAWARE DIVISION OF MOTOR VEHICLES, P.O. BOX 698, DOVER, DE 19903.

THIS REPORT REPRESENTS **Month:** _____ **Year:** _____

Delaware Recycler License Number _____ **Total Pages:** _____ **Page No:** _____

Tag Number - Specify State if not Delaware	Title Number	Year	Make	Body Style	Vehicle Identification Number

Name of Licensed Recycler _____

Print Name as shown on Recycler license

Address of Licensed Recycler _____

Street address *City or Town* *State* *Zip Code*

I certify that the vehicles listed on this report have been scrapped on the date of this report. I have attached approved proof of ownership for each vehicle listed.

_____ _____

Authorized Signature of Licensed Recycler Date:

Original- DMV
Copy- Retained by Automotive Recycler
Copy- Scrap Hauler

REV- 07/28/2025