



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES

DEALER VIN VERIFICATION FORM

DEALER NAME: _____

MANUFACTURER: _____

MODEL: _____

BODY STYLE: _____

VIN: _____

WEIGHT: _____

ODOMETER MILEAGE: _____

THIS FORM MUST BE COMPLETELY FILLED OUT PRIOR TO VEHICLE INSPECTION.

NOTE: THIS FORM IS NOT REQUIRED WHEN THE DEALER HAS THE VEHICLE'S TITLE AND/OR REGISTRATION.