DELAWARE DIVISION OF MOTOR VEHICLES AFFIDAVIT OF NON-DOMICILIARY RESIDENT IN REGARD TO VEHICLE **REGISTRATION**

UNDER TITLE 21, SECTION 2104, DELAWARE CODE (Note: Financial and insurance manager portion only needs to be completed when vehicle is sold by a Delaware dealer.)

Initials Financial & Ins. Manager	Initials Owner			,	
		Affiant must NOT be a	bona fide resident of the State of Delaware.		
		Affiant must NOT claim	domicile in the State of Delaware.		
		Delaware and provide certificate of insurance plate number and ident	or more vehicles registered and insured at an a proof of same by producing a valid certificat clearly identifying the vehicle(s) by Vehicle Iden difying the insurance by name of company and p ense, registration certificate and certific cation.	e of registration and a valid ntification Number and license policy number. Copies of the	
		Affiant must furnish address where said vehicle is to be registered, insured and primarily garaged within the State of Delaware.			
		Affiant acknowledges and understands that the purpose and intent of said law is to enable the Affiant to register and insure said vehicle in Delaware as the Affiant has a non-domiciliary residence in Delaware and intends this vehicle for use in relation to that Delaware residence.			
		Affiant acknowledges and understands that removing said vehicle from the address stated above for the purpose of said vehicle being principally garaged and used in conjunction with a non-Delaware residence will constitute a violation of Title 18, Chapter 24, of the Delaware Code (Insurance Fraud).			
			nd understands that the penalties for Insurance is assessments up to \$10,000 for each violation.	Fraud under Title 18, Chapter	
It is the responsibility of the Affiant to notify the Delaware Division of Motor Vehicles and the Affiant's automobile insurance company of any changes in the above conditions within thirty (30) calendar days from the date of change. Failure to do so may result in the imposition of penalties as defined above.					
OWNER FULL CO THESE I	ACKNOWLE OMPLIANCE REQUIREME	DGE THAT THEY HAVE WITH THE REQUIRE	SIGNING THIS DOCUMENT, BOTH THE FOR FULLY READ AND UNDERSTAND EACH MENTS OF THIS AFFIDAVIT. FAILURE OF THIS AFFINAS STATED ABOVE.	H ELEMENT AND ARE IN TO FULLY COMPLY WITH	
NAME OF OWNER (Please type or print)			DRIVER'S LICENSE NO. & STATE	DE PHONE NUMBER	
SIGNATURE OF OWNER (Affiant)			DATE	OUT-OF-STATE PHONE NUMBER	
NAME OF F & I MANAGER (Please type or print)			NAME OF DEALERSHIP	·	
SIGNATURE OF F & I MANAGER			DATE		