



**STATE OF DELAWARE**  
**DEPARTMENT OF TRANSPORTATION**  
**DIVISION OF MOTOR VEHICLES**  
**OFFICE OF PUBLIC CARRIER REGULATION**  
303 TRANSPORTATION CIRCLE  
P.O. DRAWER E  
DOVER, DELAWARE 19903

**Phone: (302) 744-2706 Fax: (302) 739-7808**

**Duplicate Inspection Sticker Form**

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Docket Number: \_\_\_\_\_

**Vehicle Information**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

DelDOT Number: \_\_\_\_\_ Number of Passengers: \_\_\_\_\_

\_\_\_\_\_  
Company Representative (Print)

\_\_\_\_\_  
Company Representative (Signature)

**Changes to fleet will not be processed unless an authorized company representative signs this form. There will be a \$1.00 charge for all duplicate sticker requests. Please include a check made payable to DelDOT.**

(For use by the Office of Public Carrier Regulation only)

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Entered By: \_\_\_\_\_