



AUTHORIZED DRIVER CERTIFICATION

FORM LT4

TRANSPORTER NAME:

TRANSPORTER NUMBER:

You must provide a clear color copy of applicant's driver license and five-year driving record when adding authorized drivers.

Add authorized drivers below (name must match driver license, legal name).

PRINT NAME:

SIGNATURES:

Remove authorized drivers below

EMPLOYEE NAME

All changes to authorized drivers must be reported to DMV immediately.

**IF NOTARY IS SEALED WITH AN INK STAMP, YOU MAY EMAIL THIS FORM TO
DOTTRANSPORTERLICENSING@DELAWARE.GOV**

The personnel noted above are drivers of the above transporter and are authorized to act on behalf of the transporter. Officers can only be added by completing a new application (LT1). Officers are automatically authorized drivers.

I certify that I am the sole proprietor, corporate officer, or member of the transporter business and that I have authority to execute authorization on behalf of the transporter above. Each transporter shall be responsible for all acts of any of their employees in accordance with 21 Del. C. § 3306(b).

PRINT NAME OF OFFICER:

SIGNATURE OF OFFICER:

OFFICER TITLE:

Before me personally appeared

_____ (Officer of Transporter) who by me duly
sworn under oath says that the statements set forth above are true and correct.

Sworn to and subscribed before me this _____ day of _____ 20 _____

NOTARY PUBLIC:

STATE OF
