



DELAWARE LICENSED TRANSPORTER PLATE APPLICATION FORM LT6

This form is used to request transporter plates. This application and proof of insurance must be emailed to DOTTransporterLicensing@delaware.gov

TRANSPORTER NAME: _____ DOT NUMBER: _____ TRANSPORTER NUMBER: _____

DATE: _____ COMPANY PHONE NUMBER: _____

OFFICER NAME: _____ SIGNATURE OF OFFICER: _____

NUMBER OF TRANSPORTER PLATE LOGS SUBMITTED (LT5): _____

NUMBER OF PLATES REQUESTED: _____

The number of approved transporter plates issued is at the discretion of the Division, determined by the information provided at the time of application. You may be issued less plates than requested until proper documentation is submitted and approved. (1-9 transports qualifies for up to 3 plates, 10+ transports qualifies for up to 5 plates maximum per 21 Del. C. § 2124(g)).

**PROOF OF INSURANCE MUST BE SUBMITTED AND INCLUDE THE FOLLOWING:
LICENSED TRANSPORTER'S LEGAL NAME, LICENSED TRANSPORTER'S ADDRESS, AND
IDENTIFY THE NUMBER OF TRANSPORTER PLATES COVERED UNDER THE POLICY.**

In accordance with 21 Del C. § 3311, if a licensed transporter fails to renew the transporter's license, and if the Division revokes a transporter license, or denies the renewal of a transporter licensed under the chapter, the transporter must immediately return both the license and all transporter plates issued to the transporter.

Transporter plates are non-transferable to other transporters.

FOR DMV USE ONLY

This application is: ☐ APPROVED ☐ DENIED

Reason for denial: _____

PLATE NUMBER ISSUED: _____

APPROVED BY: _____ DATE: _____