



# DISCLAIMER OF RELATIVES

## FORM LT3

TRANSPORTER NAME:

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TRANSPORTER NUMBER:

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The State of Delaware's Code of Conduct limits the private behavior of public employees where it conflicts with public duties. Employees shall not have any interests, financial or otherwise, direct or indirect, or engage in any business or transaction or professional activity or incur any obligation of any nature that is or may be in conflict with the proper discharge of their duties. Based upon the Code of Conduct, all owner applicants and drivers are responsible for **identifying relatives employed by the Delaware Division of Motor Vehicles.**

A relative is defined as a direct or indirect connection between persons by blood, marriage, adoption, domestic partnership, or a personal relationship that includes cohabitation or equivalent relationship. It is further defined as spouse, child, parent, stepchild, stepparent, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, nephew, parent-in-law, daughter-in-law, son-in-law, brother-in-law and sister-in-law. Relatives of domestic partners shall be treated in the same manner as indicated above. Any changes to a relatives' employment status with the Delaware Division of Motor Vehicles must be reported within 72 hours.



I acknowledge that I have relatives working for Delaware Division of Motor Vehicles.

Include the employee's name(s), your relationship to the employee(s), and work location(s) of each employee (Delaware City, Dover, Georgetown, or Wilmington) if known.

EMPLOYEE'S NAME:

RELATIONSHIP:

WORK LOCATION:

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OR



I acknowledge that I have *no* relatives working for the Delaware Division of Motor Vehicles.

AND

I acknowledge that I understand and will comply with this disclaimer by identifying any known relatives of the Division. Every owner and driver must submit a Disclaimer of Relatives form. Additional steps may be required, or outcome(s) may vary, based upon the relationship with the employee.

OWNER/DRIVER NAME (print):

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OWNER/DRIVER SIGNATURE:

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DATE:

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