



TRANSPORTER NAME:

TRANSPORTER NUMBER:

COMPLETE ONE PER OFFICER**CORPORATION**

- ☐ Chief Executive Officer (CEO) ☐ Chief Operating Officer (COO) ☐ Chief Financial Officer (CFO)
- ☐ President ☐ Vice President

LIMITED LIABILITY COMPANY (LLC)

- ☐ Sole Member ☐ Member

GENERAL PARTNERSHIP (GP) TWO OR MORE PARTNERS

- ☐ Partner

LIMITED PARTNERSHIP (LP) ONE OR MORE GENERAL PARTNERS, PLUS ONE OR MORE LIMITED PARTNERS

- ☐ General Partner (GP) ☐ Limited Partner (LP)

LIMITED LIABILITY PARTNERSHIP (LLP) TWO OR MORE PARTNERS

- ☐ Partner

SOLE PROPRIETORSHIP

- ☐ Individual/Owner

21 Del. C. § 3301(c) Resident requirements. The owner of a transporter business must have been issued a Delaware driver license and established residency in Delaware at least 90 days prior to the time of application.

OFFICER NAME:

DATE OF BIRTH:

HOME ADDRESS:

DRIVER LICENSE NUMBER:

STATE:

PHONE NUMBER:

MOBILE NUMBER:

EMAIL:

OFFICER NAME:

TRANSPORTER NUMBER:

PLEASE CHECK "YES" OR "NO" FOR EACH OF THE BELOW QUESTIONS. YES NO

1. Been convicted of an offense other than a traffic violation?

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2. Been subject to any disciplinary action, past or pending, by any administrative, governmental or regulatory body?

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3. Been charged with a violation of any statute, rule, regulation or ordinance of any municipal, administrative, regulatory or other governmental body?

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4. Owe taxes or obligations to the state of Delaware?

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5. Had a drivers license for a minimum of 12 months?

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6. Had a suspended or revoked driver license in the last five years?

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7. Had eight or more points on their driver license in the last five years?

☐☐

IF "YES", PROVIDE AN EXPLANATION FOR EACH QUESTION.

Complete the following if the officer is currently or previously employed or was an officer at a dealership or transporting company. If not, write N/A (not applicable). Do not leave blank.

NAME OF DEALERSHIP/TRANSPORTING COMPANY STATE DATES OF EMPLOYMENT

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<hr/>	<hr/>	<hr/>
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Two references (individual, non-relative and not a co-applicant).

NAME:

PHONE:

ADDRESS:

EMAIL:

NAME:

PHONE:

ADDRESS:

EMAIL:

TRANSPORTER NAME:

TRANSPORTER NUMBER:

I further certify under the penalties provided by law that I have read and understand all information requested and requirements stated on this application. I understand that any transporter license issued is subject to suspension for violation(s) of Title 11 or Title 21 of the Delaware Code; any violation(s) of Delaware Law; or any violation(s) of the Division of Motor Vehicles Rules and Regulations. I hereby certify that there are no misrepresentations or falsifications in the information stated in this application. I am aware that false and/or misleading statements or omissions may be cause for the denial of an initial application or the renewal of a transporter's license. Any violation of the laws and regulations of this or other states may result in the suspension or revocation of my transporter license and my ability to be employed at a transporter or dealership for up to five (5) years.

I understand Delaware law requires transporters to allow full and free access to DMV (as outlined above) to all transporter books and records pertaining to the transporting of any motor vehicle or mobile home by the transporter. Access shall be granted during the transporter's normal business hours to duly authorized representatives of the Division of Motor Vehicles, Attorney General's Office or law enforcement officers.

The Division has the final approval or denial on all applications. For additional questions, please contact DOTTransporterLicensing@delaware.gov.

SIGNATURE OF OFFICER/OWNER:

PRINTED NAME OF OFFICER/OWNER:

DATE:

Officer/Owner of Company who appeared before me personally

_____ 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: