



State of Delaware
Department of Transportation
Division of Motor Vehicles



APPLICATION FOR
REGISTRATION OF OFF-HIGHWAY VEHICLE

Owners Name: _____

Owners Name: _____

Address: _____

Email: _____

Vehicle Identification Number: _____

Make: _____ Year: _____ Model: _____

Color: _____

Parent or Guardian Consent

If Under 18 Years of Age: _____

Signature of Owner: _____

Expiration Date: _____ Date Issued: _____

Registration Number: _____