

**STATE OF DELAWARE**  
**Office of Public Carrier**  
**DELAWARE TRANSIT CORPORATION**  
119 LOWER BEECH STREET  
WILMINGTON, DE 19805

Phone: 1-800-652-3278 Fax: (302) 577-1042

**New Vehicle/Vehicle Swap Form**

Company Name: _____	
Company Contact: _____	
Contact Phone Number: _____	Docket Number: _____

<b>New Vehicle</b>	
Year: _____	Make: _____ Model: _____
Vehicle Identification Number: _____	
License Plate Number: _____	Contract# _____
Medallion Number: _____	Number of Passengers: _____

<b>Old Vehicle</b>	
Year: _____	Make: _____ Model: _____
Vehicle Identification Number: _____	
License Plate Number: _____	
DelDOT Number: _____	Number of Passengers: _____

**I hereby assert that the above LX / TX plate \_\_\_\_\_ is no longer in the possession of the above named Public Carrier, and is not in the possession of any entity operating as a Public Carrier, as defined by Delaware Law.**

_____ Company Representative (Print)	_____ Company Representative (Signature)
---	---

**Changes to fleet will not be processed unless an authorized company representative signs this form. Please include a copy of the vehicles registration card, insurance card, a passing DMV inspection form and a check made payable to DelDOT. Vehicle fees: \$20.00. Note: DMV Inspection not required for NEW model vehicles.**

(For use by the Office of Public Carrier Regulation only)	
Date Received: _____	
Entered By: _____	