

**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

**Temporary Rental Vehicle Substitution Form**

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

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

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

_____ Company Representative (Print)	_____ Company Representative (Signature)
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**This form is available only to Limousine and Charter Bus vehicles, for the temporary use of a rental vehicle during a major breakdown of a company vehicle registered with the Office of Public Carrier Regulation. Changes to fleet will not be processed unless an authorized company representative signs this form. Please include a copy of the letter of intention to Public Carrier, Copy of opening and closing Rental Contract, Copy of Rental Vehicles Registration, Copy of Company Insurance Card for Rental Vehicle and a check made payable to DeIDOT. Vehicle fee: \$20.00 Note: DMV Inspection not required for NEW model vehicles.**

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