



State of Delaware Self Inspection Renewal

Date \_\_\_\_\_

DOT# \_\_\_\_\_

	PLATE #	FULL VIN #	1 OR 2 REG YEARS	ODOMETER	ODOMETER READING DATE	REGISTERED WEIGHT	COLOR	AXLES Include steering	BRAKES Yes OR No (trailers)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

\_\_\_\_\_ (Print Company Name) Certifies that each vehicle being renewed above has been inspected  
 by \_\_\_\_\_ (Print Technicians Name) for safety and is in compliance with Delaware laws, policies and  
 regulations regarding equipment and safety.

Authorized Signature \_\_\_\_\_ email address \_\_\_\_\_

\*\*\*Submit copy of insurance card\*\*\*