

## **STATE OF DELAWARE DEPARTMENT OF TRANSPORTATION DIVISION OF MOTOR VEHICLES**

## **AFFIDAVIT TO RELEASE RETAINED LICENSE PLATE**

I/We,

permission to

, by signing this affidavit give my/our (Name), for the purpose of releasing my/our

from pending to

Delaware license plate number

their vehicle. I/We wish to give up my/our rights to the license plate number listed above.

I certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information, and belief.

Signature of Owner

Printed Name of Owner

Driver's License/ID Owner

Signature of Co-Owner (if plate joined by AND) Printed Name of Co-Owner

Driver's License/ID Co-Owner

SWORN TO AND SUBSCRIBED before me this day of , 20

Notary Public

**PLEASE FILM**