DEALERSHIP NAME

DEALERSHIP LICENSE NUMBER

DEALERSHIP ADDRESS

DEALERSHIP PHONE NUMBER

Dealership - Complete & Mail Weekly to DOT_MTRVDealerServicesHelpDesk@Delaware.gov

TEMP TAG #	ISSUE DATE	EXPIRY DATE	NAIC	DRIVER LICENSE STATE	DRIVER LICENSE#	CUSTOMER NAME	ADDRESS	CITY	STATE	ZIP CODE	VIN	MAKE	YEAR	COLOR