Application for Replacement Delaware Dealer Plate (D)

Purpose: Motor Vehicle Dealers use this form to apply for replacement plates that have been damaged, lost or stolen.

Instructions: Complete form and submit with insurance and payment information to email below.

Submit one DLR-1719 per plate request

Email: DOTDealerLicensing@Delaware.Gov

Date _____ Dealer Plate Number _____ Expiration Date of Plate **DEC 31**_____

Name of Dealership_____ Dealership Number _____

Damaged Requesting Same Plate Number _____ Damaged Requesting New Plate Number _____

Same plate number issuance is at the discretion of the Division

OR

Lost _____ Stolen _____ ***Police Report is Required for Lost or Stolen Plates

This is to certify that the above designated dealer plate has been damaged or has been lost or stolen and cannot be located to the best of our knowledge. If the original is recovered, the duplicate plate must be returned to the Division. Any continued use of the duplicate plate may result in suspension of all dealer privileges.

- *Proof of insurance must be provided for all dealer plates*
  - ** Must have proof of liability insurance coverage showing how many dealer tags are insured attached to the application. See attached samples of approved insurance coverage documentation. Must be completed in full and issued not more than 30 days from date of submission.*
- A copy of the police report must be attached for lost or stolen plates.
- Lost or Stolen plates will be replaced with a new plate number
- Damaged plates do not require a police report, damaged plate is required to be surrendered to the Division.
- Same plate number issuance is at the discretion of the Division

I/We hereby certify that that foregoing statement is true and correct.

I/We certify that vehicles owned or assigned to my/our dealership are insured by a Delaware licensed insurance company and that the policy provides at least the minimum amount of coverage as required by law.

I/We certify that if we have a black and white dealer plate that we are not using the blue and gold plate on any other car.

I/We certify that as required by law I/We are maintaining a proper dealer tag log.

Signature – Owner/Officer of Company _____

Printed Name – Owner/Officer of Company _____

Requested Pick Up Location (circle one): Dover Delaware City Georgetown

DMV Use Only

Date Received _____ Associate _____

Damaged Plate Returned: Yes ___ No ___ Police Report Lost/Stolen: Yes ___ No ___ Insurance Received: Yes ____ No ____

Plate Checked for Flags: Yes ___ No ___ Date Plate Ordered _____ Plate Number Issued _____

Payment Information for Replacement Dealer Plates (D)

Email payment information with completed application to: **DOTDealerLicensing@Delaware.gov**

Lost or Stolen dealer plate replacement fee $10 per plate/per year

Duplicate damaged dealer plate; same plate number fee $10 (duplicates can take up to six (6) weeks)

Replacement damaged dealer plate; new plate number fee $10 per plate/per year (immediate issuance)

Credit Card information: MasterCard _____ Visa _____ Discover _____ American Express _____

Name on credit card _____

Credit card number _____

Expiration date _____ CVV code _____

Billing address _____City_____ State _____Zip _____

Contact phone number _____

Contact email _____

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
REQUIRED

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: REQUIRED	
REQUIRED	PHONE (A/C, No, Ext): REQUIRED	FAX (A/C, No):
	E-MAIL ADDRESS: REQUIRED	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : REQUIRED	REQUIRED
INSURED	INSURER B :	
Legal Name of Dealership	INSURER C :	
Legal Dealership Address	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS			REQUIRED	REQUIRED	REQUIRED	BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NUMBER OF DEALER PLATES AQUIRING OR
DEALER PLATE NUMBERS LISTED FOR RENEWALS

CERTIFICATE HOLDER

Delaware Division of Motor Vehicles
Dealer Licensing
P.O.Box 698
Dover, DE 19903

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
REQUIRED

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