



STATE OF DELAWARE  
OFFICE OF MANAGEMENT AND BUDGET  
OFFICE OF FLEET SERVICES

EXEMPTION FROM "STATE OWNED"

INCOMPLETE FORMS CANNOT BE PROCESSED

NOTE: All State-Owned motor vehicles shall bear a license plate which carries the notation "STATE OWNED." Exemptions may be approved by the Director of the Office of Management and Budget, per 29, Del. C. §7107 that reads "All state-owned motor vehicles shall bear on the rear license plates issued by the Division of Motor Vehicles the notation "STATE OWNED." All state-owned boats shall bear prominent identification on the rear thereof identifying such boats as state-owned. The automobile used by the Governor, and law-enforcement vehicles and vessels of State agency law enforcement personnel covered under the provisions of the Delaware Council on Police Training, are exempted from the requirements of this section. Other exemptions from this section must be approved by the Director of the Office of Management and Budget."

DRIVER'S FULL NAME AND TITLE:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMPLOYEE I.D. NUMBER:

\_\_\_\_\_

DRIVER'S BUSINESS E-MAIL ADDRESS:

\_\_\_\_\_

VEHICLE HOUSING LOCATION:

\_\_\_\_\_

Is the Driver a member of the Delaware Council on  
Police Training as defined in 11 Del. C. §8401(5)

YES      NO

Check box that you have read the attached Fleet Services Policy No. VO-16, Registration/Identification

Vehicle License Number: \_\_\_\_\_

Vehicle Year/Make/Model: \_\_\_\_\_

REQUESTING DEPARTMENT AGENCY:

\_\_\_\_\_

CONTACT PERSON & BUSINESS E-MAIL ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

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Describe the nature of investigative/surveillance/enforcement activities and the impact of a confidential tag on the integrity of that investigation:

Describe any employee and/or vehicle/property security concerns:

REVIEWED BY REQUESTING CABINET SECRETARY/AGENCY HEAD OR SUPERINTENDENT

\_\_\_\_\_  
Requesting Cabinet Secretary/Agency Head                      Date

\_\_\_\_\_  
(PRINT NAME)

*FLEET SERVICES USE ONLY:*

APPROVED      DECLINED

EFFECTIVE DATE (IF APPLICABLE):

\_\_\_\_\_  
Director, Office of Management and Budget

\_\_\_\_\_  
Date

Return completed form to:  
Office of Fleet Services, 100 Enterprise Place, Suite 4, Dover DE 19904  
SLC D100