

Application For Title and/or Registration

C.R.S. 42-3-105, 42-3-304(25)(c), 42-6-107, 42-6-116, 42-6-117

Any Alteration or Erasure may Void this Document

Vehicle Identification Number (VIN) <input style="width: 100%;" type="text"/>										Fuel Type: *If electric, is it plug-in electric? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Year	Make	Body	Model	Color	CWT	Off-Highway Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No		Snowmobile <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dealer #	Date Purchased		Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	MSRP	Size (W x L)		Bus Cap. <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile				
Legal Name(s) as it Appears on Identification* and Address of Owner(s) or Entity <input type="checkbox"/> DR 2421 Attached				Lease Buy-Out <input type="checkbox"/> Yes <input type="checkbox"/> No		Legal Name(s) as it Appears on Identification and Physical Address of Lessee Indicate Alternate Address Here if The Registration Renewal Should be Sent to a Different Address					
										Indicate Alternate Address Here if The Title Should be Sent to a Different Lienholder Address	
First Lienholder Name and Address or ELT E- Number					Second Lienholder Name and Address**						
Lien Amount					Lien Amount						
Indicate Alternate Address Here if The Title Should be Sent to a Different Lienholder Address					Indicate Alternate Address Here if The Title Should be Sent to a Different Lienholder Address						
<p>*DR 2421 Statement of One in the Same is required when the owner's name on the Secure and Verifiable ID differs from the owner's name on the application/title. **If more than two lienholders, please attach separate documentation.</p> <p>Motor vehicle insurance or operator's coverage is compulsory in the State of Colorado. Proof of insurance is required prior to issuance of a registration. Non-compliance with this requirement is a misdemeanor traffic offense. Pursuant to 42-4-1409, C.R.S., the penalties for failure to have motor vehicle insurance coverage is a Class 1 Misdemeanor Traffic Offense punishable by a mandatory minimum ten days imprisonment, or three hundred dollar fine, or both or a mandatory maximum one year imprisonment, or one thousand dollar fine, or both shall be imposed by section 42-4-1701(3)(a)(II)(A), C.R.S.; and</p> <p>a. A minimum mandatory fine of not less than five hundred dollars or greater if imposed by the court; and</p> <p>b. At the discretion of the court, not less than forty hours of community service, subject to the provisions of section 18-1.3-507, C.R.S.</p> <p>c. A second or subsequent conviction within a period of five years following a prior conviction, a minimum mandatory fine of not less than one thousand dollars.</p> <p>After obtaining a registration, you will be required to sign an affirmation clause indicating compliance with insurance requirements.</p> <p>Unless a person waives his or her confidentiality, the information contained in the person's motor vehicle record shall not be used for any purpose other than a purpose authorized by law, pursuant to C.R.S. 42-2-121 (4)(a).</p> <p>I certify, under penalty of perjury in the second degree, that the above information is true and accurate to the best of my knowledge.</p>											
Owner or Agent Signature								Date			
Printed name of Owner/Agent as it appears on Identification:											
Secure and Verifiable ID of Owner/Agent: <input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Other:											
ID#				Expires				DOB			
The undersigned witness affirms that the named owner of the vehicle identified in this document presented the identification described above.											
Witness Signature							Date				
County Use Only (Dealers/Lienholders: Do Not Write Below this Line)											
Previous Title Number					Title Number						
Date Accepted	Purchase Price		Odometer Reading & Indicator		GVWR	Fleet #		Unit #			
First Lienholder #					Second Lienholder #						
Lien File No.	Lien Amount	Maturity Date	Date of Lien		Lien File No.	Lien Amount	Maturity Date	Date of Lien			
Taxes Paid:					Filing Fees:						
Additional Comments:											
										Clerks Initials _____	