



This Certifies  
 Is duly licensed  
 as a motor vehicle/  
 powersports vehicle

This license is issued under the provisions of Title 44, Article 20, Colorado Revised Statutes.

Issued

Expires

EXECUTIVE DIRECTOR  
 Department of Revenue

**Dealership Copy**

▼ Detach Here ▼

DR 2132 (11/18/19)  
**COLORADO DEPARTMENT OF REVENUE**  
 Colorado.gov/revenue/aid  
 303-205-5604

Mailing Address: PO Box 17087  
 Denver CO 80217-0087

**CHANGE OF EMPLOYER NOTIFICATION**

**INSTRUCTIONS:** Licensee must retain this section to transfer license to another Dealer. If this section is not presented at time of transfer, a license must be reissued and an additional fee will be charged.

AID Copy	Name		License Number		Issued		Expires		
	Bond Number			Bond Issue			Dealership Number		
	<b>PLEASE TRANSFER MY MOTOR VEHICLE SALESPERSON LICENSE TO THE DEALER LISTED BELOW.</b>								
	Salesperson Signature						Date		
	Have you been convicted of a crime (excluding traffic violations) in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain "Yes" answer below OR include a separate sheet of paper with explanation and attach copies of final court documents.								
	<b>PLEASE CHANGE YOUR RECORDS TO SHOW THE ABOVE-NAMED SALESPERSON IS NOW IN OUR EMPLOYMENT.</b>								
	Dealer Name				Dealer Number		Date Of Hire		
	Authorized Dealer Signature				Title			Date	

The AID mailing address is listed at the top of this form. The physical address is:  
 1697 Cole Blvd., Suite 200-A, Lakewood CO 80401.

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