DR 2085 (06/06/17)
COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
Tile and Registration Section
Colorado.gov/DMV

Insurer and Salvage Pool Registration

DORA License # OR Dealer License Number	Colorado Account Number	FEIN	
Name of Insurance Company or Salvage Pool		Business Hours	
Name of Applicant		Title	
Business Address	City	State	ZIP
Mailing Address (if different than above)	City	State	ZIP
Email Address			
Office Number	Fax Number		
Owner / Operator conducting operation as ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Agent			
List name(s) and address(es) of owner/partners/officers as pertains to type of business above			
What state is the company incorporated/organized in if not Colorado	Address of principal office in Colorado		
If operation is conducted by an agent, list the name of the parent company			
If operation is conducted by an agent, list the address of the parent company			
My signature below acknowledges my understanding that searches and information obtained from the Colorado Division of Motor Vehicles shall be used only, in accordance with C.R.C. 42-6-110(1.7)(a). *I certify under penalty of perjury in the second degree, that the above facts are true and correct to the best of my knowledge.*			
Signature of Applicant		Date	