

Horseless Carriage Plate Application

C.R.S 42-12-301 and Code of Colorado Regulation 1 CCR 204-10 Rule 17. Horseless Carriage

The below vehicle meets the following requirements:

- Was manufactured at least fifty (50) years before the present year.
- Valued principally because of the vehicle's early date of manufacture, design, historical interest or value as a collector item.

By registering the below vehicle with horseless carriage plates the use of such vehicle is restricted to the following:

- Driving the vehicle to and from assemblies, conventions, other meetings, or occasions where such vehicles and their ownership are the primary interest.
- Demonstrations, parades, and when their operation on the street and highway will not constitute a traffic hazard.
- Traveling to and from and while on local, state, or national tours held primarily for exhibition and enjoyment.
- The vehicle will not be driven on roadways for more than four thousand five hundred miles per year.

Submit this application and a copy of your current Colorado title or registration and proof of insurance for the vehicle listed below to one of the following:

Mailing Address:
 Colorado Department of Revenue
 Division of Motor Vehicles
 PO Box 173350
 Denver, CO 80217-3350

Physical Address:
 Colorado Department of Revenue
 Division of Motor Vehicles
 Registration Section
 1881 Pierce St.
 Lakewood, CO 80214

Horseless Carriage License Plate remains with the vehicle and is transferred to the new owner.

Name of Applicant(s)		Daytime Phone Number	
Address		City	State ZIP
Mailing Address (if different)		City	State ZIP
Year	Make	Model or Body Style	Color
Plate Type Requested <input type="checkbox"/> Passenger (may be registered to a Passenger Car or a Light Truck) <input type="checkbox"/> Motorcycle			
Check if plate is being transferred to new vehicle owner. <input type="checkbox"/> Plate Number _____			
Name as it Appears on Identification			
Identification of Applicant: <input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Other _____			
ID #	Expires		DOB
The undersigned witness affirms that the identification described above was presented to me.			
Witness Printed Name		Witness Signature	Date
I certify, under penalty of perjury, that the above statements are true and accurate to the best of my knowledge.			
Signature of Applicant			Date
NO REFUNDS WILL BE GRANTED		If submitting application between the dates below payment shall be as listed: 01/01/2015 - 12/31/2015 = \$15.49 01/01/2016 - 12/31/2016 = \$13.99 01/01/2017 - 12/31/2017 = \$12.49 01/01/2018 - 12/31/2018 = \$10.99 01/01/2019 - 12/31/2019 = \$ 9.49	
Liability Code 5750			
Make check payable to: Colorado Department of Revenue <small>The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.</small>			