

SKIP THE TRIP!

This sheet must be on top of the submitted documents to ensure fastest processing.

Own	er Name(s):
Dayt	time Phone Number:
E-ma	ail Address:
Mail	ing Address:
Tran	saction Requested:
	Colorado Title (See the following pages for documents required.)
	Colorado Plates & Registration
	Note: If you only want to get plates, your vehicle's title or MSO must first be established in your name as a Colorado title before you can register your vehicle. Title and registration can be done at the same time.
	Note: Proof of current Colorado insurance for this vehicle is required for registration.
	Transfer credit from a current plate from a previous vehicle: Note: credit is only available from plates with a common owner that have not yet expired. Date previous vehicle with credit was sold or surrendered:
	Do you want the \$29 Colorado State Parks Pass? Yes: No:
	Mail the new plates? Please mail them. (Additional \$5 fee.) I will pick them up from the 200 S Spruce St. office. I have a specialty plate to re-use:

Paperwork Delivery Instructions

Original Documents are required to process a title!

You may mail your original documents to one of the addresses below OR drop them off in one of our blue drop boxes at the Mesa County Central Services building.

UPS/FedEx Delivery:

(And drop box location)

Mesa County Clerk Attn: Skip the Trip 200 S Spruce St

Grand Junction CO 81501

Regular Mail:

Mesa County Clerk Attn: Skip the Trip

Dept. 5008 PO Box 20,000 Grand Junction CO 815602-5001

Once your paperwork is completed, we will call you or send you an email with the amount due.

Please periodically check your spam e-mail folder or prepare to receive a call from us at the number below. If you have any questions, you may also contact us by using the same e-mail or phone number.

E-mail: plates@mesacounty.us Phone: 970-244-1664

Allow 5-10 business days for processing of your registration.

Allow an additional 4-6 weeks for receipt of the title (unless the purchase was financed).

Documents received in the last week of the month will be processed in the first week of the next month.

Mesa County will not be liable for any plates or year tabs that may get lost in the mail.

If your plates or year tabs do not arrive at the address provided on your documents, you will need to come to our office to replace them for an additional cost. (Generally, less than \$10.00 for standard, green and white plates.)

Required Registration Documents

First Time Registration of a Newly Acquired Vehicle

You will need to send in:

- 1. Cover Sheet This should be placed on the top of all documents.
- 2. Application for Title and Registration Complete the highlighted areas.
- 3. The Title Complete Notice mailed to you from Mesa County Only applicable if the title paperwork has already been completed on your behalf.
- 4. Proof of current, Colorado insurance.
 - Not required for trailers.
- 5. A copy of your current registration letter for a previous vehicle's plates If you want to transfer remaining credit toward the cost of your new vehicle's registration.
 - The credit is only transferable if all of the following statements are true:
 - i. The new vehicle and the old vehicle shared at least one common owner.
 - ii. The registration of the previous vehicle has not yet expired. (The grace period does not count.)
 - iii. The amount of credit available to transfer is over \$10. This is based on the remaining time left before expiration and the value of the vehicle.
 - Only specialty plates are transferable. The default green and white plate is not. Call our office at 970-244-1664 if you would like to convert your standard issue plate into a personalized plate.
- 6. Method of Payment Complete one of our payment authorization forms.

Note: We will call or e-mail you to let you know when your plates are ready for mail or pickup.

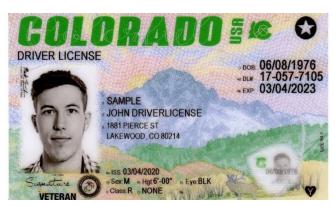
Required Title Documents

Out of State Title from a Private Party - Cash Purchase or Gift

You will need to send in:

- 1. Cover Sheet This should be placed on the top of all documents.
- 2. The Out of State Title You can e-mail us photos of your title to check if it's filled out correctly before submitting your documents.
- 3. Bill of Sale This is optional if the date of sale and purchase price are written on the title.
- 4. Application for Title and Registration Complete the highlighted areas.
- 5. Joint Tenancy with Rights of Survivorship For titles with more than one owner.
- 6. Statement of One and the Same Required if there is a difference between an owner's name on their ID and how they've written their name on the title.
- 7. Verification of Vehicle Identification Number Completed by a licensed Colorado dealership or your local law enforcement agency.
- 8. Method of Payment Complete one of our payment authorization forms.
- 9. If you are also registering your vehicle, refer to the list of required registration documents above.

Example Statement of One and the Same:



Name of Person or Name of Company One
John Sample

and

Name of Person or Name of Company Two
John Driverlicense Sample

Are one and the same.....

DR 2395 (12/19/22)

COLORADO DEPARTMENT OF REVENUE

Division of Motor Vehicles Vehicle Services Section DMV.Colorado.gov

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

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Vehicle Identifica Number (VIN)	ation															Fuel Type		Flex	es	_	c, is it electric?
Year	Make		Bod	ly	I	lodel			Со	lor	CV	VT				Off-Highwa	y Vehicle		wmobil		
								_								☐ Yes □	□No		Yes	□ No	
Dealer #	Date Pu	urchased	t)			rcial s \Box			MS	RP			5	Size	(W >	(L)	Bus Cap	o. ult □ J	uvenile	<u>;</u>	
Legal Nam	ne(s) as	it Appe	ars on lo					Lea	ase				Le	gal	Nam	e(s) as it A					
	Address							Buy	-Out							Physical A					
☐ Yes ☐ No						No															
							lr	Indicate Alternate Address Here if The Registration Renewal Should be Sent to a Different Address													
* ☐ DR 2421 Attached																					
First Lienholder Name and Address or ELT E- Number							+				Sec	ond	Lienholder	Name ar	nd Addr	ess**					
Lien Amount		· · · · · · · · · · · · · · · · · · ·	,							L	ien A	moun	ıt]				
Indicate Alternate A	ddress He	ere if The	Title Shoul	d be Sent to	a D	ifferen	t Lienl	holder	Addre	ess Ir	ndicate	Altern	ate A	Addre	ss He	ere if The Title S	Should be Se	ent to a Di	fferent L	ienholde	r Address
*DR 2421 Staten														nd V	/erifi	able ID diffe	rs from th	ne owne	r's nan	ne on t	ne
Motor vehicle ins														ngura	ance	is required r	rior to issi	uance of	f a regio	stration	Non-
compliance with																					
coverage is a Cla																					or a
mandatory maxir a. A minimum																tion 42-4-17	01(3)(a)(II	I)(A), C.F	R.S.; ar	nd	
b. At the discre																section 18-1	.3-507, C.	R.S.			
c. A second or																			one the	ousand	dollars.
	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).																				
I certify, under penalty of perjury in the second degree, that the ABOVE information is true and accurate to the best of my knowledge.																					
Owner or Agent	Signatur	е																	Date		
Printed name of	Owner/A	gent as	it appea	rs on Ide	ntific	cation	1:														
Secure and Verif	fiable ID	of Owne	er/Agent:																		
☐ Colorado [DL	☐ Col	orado ID) [0	ther:		_									202				
ID#								Exp	oires								DOB				
Witness Signat identification de			The und	ersigned	witr	ness	affirr	ns th	at th	e nar	med (ownei	r of	the	vehi	cle identifie	d in this	docume	nt pres	sented	the
Witness Printed	Name							Wit	ness	Sign	Signature Date										
			Co	unty Us	e Or	nly (E	eale	rs/Li	enho	olders	s: Do	Not	Wri	te B	elow	this Line)					
Previous Title Nu	ımber		'							T	itle N	umbe	er								
Date Accepted	Purchas	se Price			0	dom	eter F	Readi	ing 8	Indic	cator	GVV	VR			Fleet #			Unit #	!	
First Lienholder	r #									s	ecor	nd Lie	nho	olde	r#						
Lien File No.		Lien A	mount	Matu	rity I	Date	Da	ate of	Lier	ı L	ien F	ile No).			Lien Amou	ınt	Maturity	/ Date	Date	of Lien
Taxes Paid:			,							F	iling	Fees:								1	
Additional Comm	nents:																			-	
																	Clerks I	nitials _			

DR 2395 (12/19/22)

COLORADO DEPARTMENT OF REVENUE

Division of Motor Vehicles

Vehicle Services Section

Supports search and rescue programs

DMV.Colorado.gov

State Of Colorado

Joint Tenancy with Rights of Survivorship Acknowledgement of Intent

C.R.S. 38-11-101

Any Alteration or Erasure may Void this Document

To create joint tenancy with rights of survivorship, there must be specific language declaring such intent, signed under penalty of perjury in the second degree by all owners. This form is only applicable to multiple owners.

Joint Tenancy with rights of Survivorship is defined as: A form of legal co-ownership of property (also known as survivorship). At the death of one co-owner, the surviving co-owner becomes sole owner of the property. Transfer of ownership requires copy of death certificate and signature of survivor.

Tenancy in Common is defined as: The equal or unequal holding of property by two or more persons. At the death of one co-owner, the deceased share of the property goes to his/her estate and is to be divided according to his/her will or the law in the absence of a will. Transfer of ownership requires documents appointing a personal representative for the decedent.

Vehic	le Identification Number	Year	Make.	Model				
	If any owner chooses Tenancy in Common or if neither box is checked; the Colorado Certificate of Title will be issued as Tenancy in Common.							
I (print name) request the Colorado Certificate of Title for described above be issued in: □ Joint Tenancy With Rights of Survivorship □ Tenancy in Common								
Owner O	O Joint Tenancy With Rights of Survivorship □ Tenancy in Common Per C.R.S. 42-6-116; I certify under penalty of perjury in the second degree that the above information is true and correct to the best of my knowledge.							
	Owners Signature			Date				
Two	I(print name) redescribed above be issued in:	equest the Colora	ado Certificate of Titl	e for the Vehicle				
}	☐ Joint Tenancy With Rights of Survivorship		y in Common					
Per C.R.S. 42-6-116; I certify under penalty of perjury in the second degree that the above information is to correct to the best of my knowledge.								
	Owners Signature			Date				
96	I (print name) request the Colorado Certificate of Title for the Vehicle described above be issued in:							
[hre	☐ Joint Tenancy With Rights of Survivorship	y in Common						
Owner Three	Per C.R.S. 42-6-116; I certify under penalty of perjury in the second degree that the above information is true and correct to the best of my knowledge.							
Ó	Owners Signature			Date				
Keep Colorado Wild								
Do y	ou want to stay opted in to the Keep Colorado Wild Pass?							
	Yes (Selecting YES supports Colorado's parks and wildlife and adds the pass to this vehicle's annual registration. This adds \$29 to your registration.) No (Selecting NO removes the pass from this vehicle unless I opt in to the pass at the next renewal period.)							
	\$29 Keep Colorado Wild Pass is a 50% or greater savings non-transferable, and is calculated as part of this vehicle's	registration unles	ss you decline.					
•	 Provides entry to all Colorado state parks Protects wildlife, lands, and water Funds trails and local community projects Helps make the outdoors safe and available to all 							

DR 2421 (09/15/23)

COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
Vehicle Services Section
DMV.Colorado.gov

State of Colorado Statement of One and the Same

Name of Person or Name of Company One

Are one and the same	reison	
	Person	Company
Name of Person or Name of Company Two		
and		

Signature

Verification of Vehicle Identification Number

C.R.S. 24-32-3323, 38-29-122, 42-3-105(I)(c), 42-6-107(I)(b)

Any Alteration or Erasure MAY Void This Document

	Ally A	iteration of Eras	Sure WAT VOID THIS	Document		
Type of Vehicle	Passenger	Tractor	Motor Home		Motorcycle	
	SUV	Bus	Special Mobile	Machinery	Off-Highway Vehicle	
	Truck	Trailer	Manufactured F	lome		
Vehicle Informa	tion					
Vehicle Identification	n Number (VIN)					
Year	Make	Body	Model	Width	Length	
Color	CWT		GVWR		Print Fuel Type	
License Plate Numb	per		State		Expiration Date	
Temporary Tag Num	ber		State		Expiration Date	
Additional Vehicle Id	lentification Number	(VIN)				
Motor Number			Coach Number			
Reason for Insp	ection:					
Out of State	Title Correction	Other (Ex	plain)			
Verified by:						
Manufactured Ho	ome Dealer	Licensed Colo	orado Dealer Deal	er Number		
County Clerk (at	their discretion)	Licensed Colo	orado Emission Stati	on Number		
County Assessor	(at their discretion)					
Colorado Law Er	nforcement	Other*	(Explain)			

Vehicle Identification Number (VIN)							
Name of Business or Agency							
Street Address							
City	State ZIP Code						
I certify, under penalty of perjury in the second degree, that I have completed a physical inspection of the vehicle/manufactured home described above and the information is true and accurate to the best of my knowledge.							
Printed First and Last Name of Inspector	Date (MM/DD/YY)						
Signature of Inspector							
Title							
Colorado Dealer Statement Concerning An C.R.S. 42-6-119(3)V	Out Of State Vehicle Dealer Number						
I certify, under penalty of perjury in the second degree, that the verfollowing conditions at the time of sale:	ehicle as described above met the						
 Was free and clear of all liens and encumbrances, Was not stolen 							

- Was not stolen,
- The dealership has a sure and adequate title to the vehicle; and
- The dealership has the right and authority to sell and transfer this vehicle.

Dealer Agent (Printed Name)

Dealer Agent Signature

Date (MM/DD/YY)

(*Certified Law Enforcement, Military Police or authorized DMV Personnel in the State in which the vehicle is currently located.)

DR 2698 (09/15/23) Page 2 of 2



E-Check Authorization Form

Account Type (please mark one) Personal Checking Account Personal Savings Account Business Checking Account Business Savings Account Routing Number Account Number Check Number: NOT NEEDED Account Holder Name	NAME ADDRESS CITY, STATE ZIP RAYTO THE ONDER OF BANK NAME ADDRESS CITY, STATE ZIP FOR I: D 1 2 3 4, 5 5, 7 8 1; D 1 6	234557890 1 234 Bank Account Number		012 01-2345/67 1 \$
□Personal Checking Account □Personal Savings Account □Business Checking Account □Business Savings Account Routing Number Account Number Check Number: NOT NEEDED	RATTO THE OPDER OF STATE ZIP RANK NAME ADDRESS CITY, STATE ZIP FOR ISO \$234,55,781; O \$6 Bank Routing Number	234567890 i 23# Bank Account Number	O 1 2 3 Check	01-2345/67
□Personal Savings Account □Business Checking Account □Business Savings Account Routing Number Account Number Check Number: NOT NEEDED	BANK NAME ADDRESS CITY, STATE ZIP FOR 1:01:234:56:784: D1:0	234567890 123# 	O123	
□Business Checking Account □Business Savings Account Routing Number Account Number Check Number: NOT NEEDED	ADDRESS CITY, STATE ZIP FOR 1:0123456781: 016 Bank Routing Number	Bank Account Number	Check	COLLARS
Business Savings Account Routing Number Account Number Check Number: NOT NEEDED	ADDRESS CITY, STATE ZIP FOR 1:0123456781: 016 Bank Routing Number	Bank Account Number	Check	
Routing Number Account Number Check Number: <u>NOT NEEDED</u>	Bank Routing B Number	Bank Account Number	Check	
Account Number Check Number: <u>NOT NEEDED</u>	Number	Number		
Account Number Check Number: <u>NOT NEEDED</u>				
Account Number Check Number: <u>NOT NEEDED</u>				
Account Holder Name				
Account Holder Name			_	
Billing Address:				
Phone Number ()		<u></u>		
E-mail				
I am requesting payment of my full registrat of authorization for the charge. The charge Services. There will be a \$1.00 processing fe	will show on	my staten		
Signature:		Date	·	
****PLEASE ATTACH PROOF OF INSU		*		



CREDIT CARD PAYMENT AUTHORIZATION

970-244-1664

PLATE #/VIN #:	
KCW PASS (STATE PARKS PASS): Y	_ N
Card Number:	
Expire Date:/ CVV	(3 or 4 digit code on back of card
Card Holder Name:	
Billing Address:	
Phone Number: ()	
E-mail:	
I am requesting payment of my full registration a of authorization for the charge. The charge will s Services. Credit cards will have an additional prod	how on my statement as CO Motor Vehicle
Signature:	Date:
****PLEASE ATTACH PROOF OF INSURAN	CE****
COLINTY LISE ONLY DATE OF TRANSACTION:	