



### SKIP THE TRIP!

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

Owner Name(s): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Transaction 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.

Note: For specialty plates, please visit [mydmv.colorado.gov](http://mydmv.colorado.gov) instead.

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 the 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.

<b>UPS/FedEx Delivery:</b> (And drop box location) Mesa County Clerk Attn: Skip the Trip 200 S Spruce St Grand Junction CO 81501	<b>Regular Mail:</b> Mesa County Clerk Attn: Skip the Trip Dept. 5008 PO Box 20,000 Grand Junction CO 815602-5001
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**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](mailto: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

Colorado Title from a Private Party – Cash Purchase or Gift

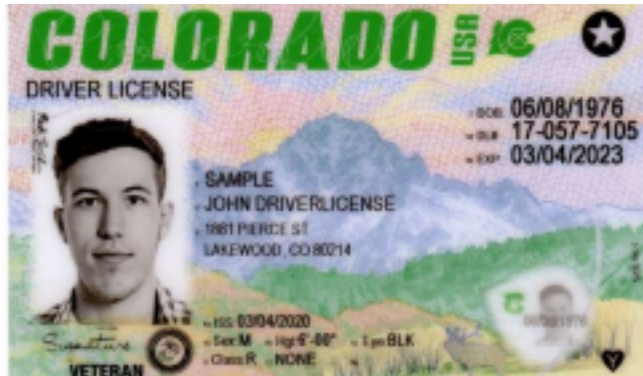
You will need to send in:

1. Cover Sheet – This should be placed on the top of all documents.
2. The Colorado 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. Method of Payment – Complete one of our payment authorization forms.
8. If you are also registering your vehicle, refer to the list of required registration documents above.

Example Title:

<b>Required for odometer</b>		<b>Required for odometer</b>	
Seller's Signature		Buyer's Hand Printed Name	
<b>Required for transfer</b>			
Seller's Hand Printed Name(s) (must be the same as it appears on the face of the title)		Buyer's Hand Printed Name	
Seller's Signature		Buyer's Hand Printed Name	
<b>All owners must sign to transfer ownership, 1 signature per owner</b>		Buyer's Hand Printed Name	
Seller's Hand Printed Name(s) (must be the same as it appears on the face of the title)		Buyer's Hand Printed Name	
Seller's Signature		Buyer's Hand Printed Name	
Seller's Hand Printed Name(s) (must be the same as it appears on the face of the title)		Buyer's Physical Address	
Seller's Signature		<b>Physical address required.</b>	
Date of Sale		Buyer's City, State, ZIP	
<b>Required</b>		<b>A different mailing address can be provided on the application</b>	
Purchase Price			
<b>Required</b>			

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.

## State Of Colorado

# Joint Tenancy with Rights of Survivorship Acknowledgment 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.

Vehicle Identification Number (VIN)

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.**

Owner One

(Print Name)

I,  
request the Colorado Certificate of Title for the Vehicle described above be issued in:

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 facts are true and accurate to the best of my knowledge.

Owner Signature

Date (MM/DD/YY)

Vehicle Identification Number (VIN)

**Owner Two**

(Print Name)

I,  
request the Colorado Certificate of Title for the Vehicle described above be issued in:

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 facts are true and accurate to the best of my knowledge.

Owner Signature

Date (MM/DD/YY)

**Owner Three**

(Print Name)

I,  
request the Colorado Certificate of Title for the Vehicle described above be issued in:

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 facts are true and accurate to the best of my knowledge.

Owner Signature

Date (MM/DD/YY)

**Owner Four**

(Print Name)

I,  
request the Colorado Certificate of Title for the Vehicle described above be issued in:

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 facts are true and accurate to the best of my knowledge.

Owner Signature

Date (MM/DD/YY)

## Application For Title and/or Registration

**C.R.S. 42-3-105, 42-6-107, 42-6-116, 42-6-117. Any Alteration or Erasure may Void this Document**

Vehicle Identification Number (VIN) **(REQUIRED)**

Year **(REQUIRED)**      Make **(REQUIRED)**      Model **(REQUIRED)**      Odometer Reading and Indicator

Body      Color **(REQUIRED)**      CWT (Empty Weight) **(REQUIRED)**      Size W x L

Fuel Type **(REQUIRED)**      Dealer Number      Date Purchased **(REQUIRED)**      MSRP

Flex Fuel..... Yes      No      If electric, is it plug-in electric?..... Yes      No

Bus Capacity..... Adult      Juvenile      Off-Highway Vehicle **(REQUIRED)**..... Yes      No

Number of Seats (Bus Only)      GVW      GVWR

Is this a commercial vehicle that engages in intrastate travel and has an empty weight or GVW of 16,001 lbs or more? **REQUIRED**..... Yes      No

Is this a commercial vehicle that engages in interstate travel and has a GVW/ GVWR of 10,001 lbs or more? **REQUIRED**..... Yes      No

If yes to either of the above, provide the DOT number and EIN      Hazmat..... Yes      No

Registrant Only..... Yes      No

Legal Name(s) as it Appears on Identification of Owner(s), Entity or Lessor **(REQUIRED)**

Address of Owner(s), Entity or Lessor

Legal Name as it Appears on the Identification of the Lessee      Lease Buy-Out

Physical Address of Lessee      Yes      No

Owner / Lessee      Mailing Address (if different from legal address)

First Lienholder Name

Address or ELT E-Number      Lien Amount



Vehicle Identification Number (VIN) **(REQUIRED)**

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

- a. A minimum mandatory fine of not less than five hundred dollars or greater if imposed by the court; and
- 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.
- 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.

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 facts are true and accurate to the best of my knowledge.

Owner, Agent, Trustee, Dealer/Lienholder Agent Signature:

Date (MM/DD/YY)

Printed Name of Owner, Agent, Trustee, Dealer/Lienholder Agent as it Appears on Identification:

Secure and Verifiable ID Type **REQUIRED:**

Colorado DL

Colorado ID

Other

ID Number

Expires

Date of Birth

**Witness Signature Required.** The undersigned witness affirms that the named owner of the vehicle identified in this document presented the identification described above.

Witness Printed Name

Witness Signature

Date (MM/DD/YY)

**Vehicle Identification Number (VIN) (REQUIRED)**

Have you filled out the DR 2383 Joint Tenancy with Rights of Survivorship  
Acknowledgment of Intent? ..... Yes No

Do you want to opt in to the Keep Colorado Wild Pass? ..... Yes No

**Fields May Be Completed By County/EVTR Vendor**

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Previous Title Number

Title Number

Taxes Paid

Purchase Price

Fleet Number

Unit Number

**First Lienholder Number**

Lien Amount

Maturity Date

Date Accepted

Date of Lien

Additional Comments

Clerks Initials

## State of Colorado Statement of One and the Same

Name of Person or Name of Company One

**and**

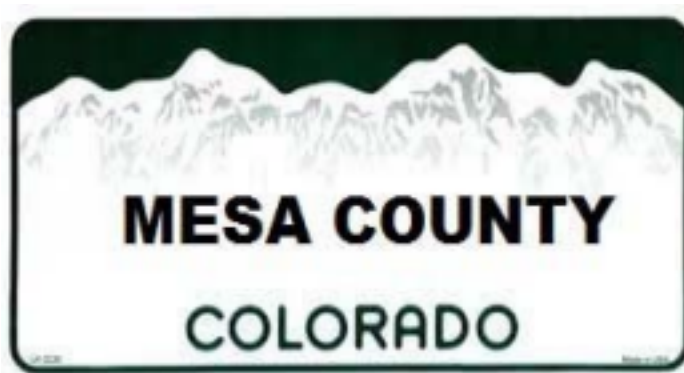
Name of Person or Name of Company Two

Are one and the same..... Person Company

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**I certify under penalty of perjury in the second degree, that the above statements are true and accurate to the best of my knowledge.**

Signature



## 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 and/or title fees. Please accept my signature of authorization for the charge. The charge will show on my statement as CO Motor Vehicle Services. Credit cards will have an additional processing fee of less than 3%.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*PLEASE ATTACH PROOF OF INSURANCE\*\*\*\*

\*\*COUNTY USE ONLY\*\* DATE OF TRANSACTION:



## E-Check Authorization Form

PLATE #/VIN #: \_\_\_\_\_

KCW PASS (STATE PARKS PASS): Y \_\_\_\_\_ N \_\_\_\_\_

Account Type (please mark one)

- ☐ Personal Checking Account
- ☐ Personal Savings Account
- ☐ Business Checking Account
- ☐ Business Savings Account

1001	
09-765/432	
PAY TO THE ORDER OF _____	\$ _____
_____ DOLLARS	
MEMO _____	
1 2 3 4 5 6 7 8 9 0	0 9 8 7 6 5 4 3 2 1
Routing Number	Account Number
1 0 0 1	Check Number

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Check Number: NOT NEEDED

Account Holder Name \_\_\_\_\_

Billing Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

I am requesting payment of my full registration and/or title fees. Please accept my signature of authorization for the charge. The charge will show on my statement as CO Motor Vehicle Services. There will be a \$1.00 processing fee for all e-checks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*PLEASE ATTACH PROOF OF INSURANCE\*\*\*\***

\*\*COUNTY USE ONLY\*\* DATE OF TRANSACTION: