



**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.

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.

<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.

# 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**

Vehicle Identification Number (VIN)										Fuel Type		Flex Fuel <input type="checkbox"/> Yes <input type="checkbox"/> No	If electric, is it plug-in electric? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Year		Make		Body		Model		Color		CWT		Off-Highway Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No		Snowmobile <input type="checkbox"/> Yes <input type="checkbox"/> No
Dealer #		Date Purchased			Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		MSRP		Size (W x L)		Bus Cap. <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile			
Legal Name(s) as it Appears on Identification* and Address of Owner(s) or Entity  * <input type="checkbox"/> DR 2421 Attached						Lease Buy-Out <input type="checkbox"/> Yes <input type="checkbox"/> No		Legal Name(s) as it Appears on Identification and Physical Address of Lessee  Indicate Alternate Address Here if The Registration Renewal Should be Sent to a Different Address						
First Lienholder Name and Address or ELT E- Number						Second Lienholder Name and Address**								
Lien Amount						Lien Amount								
Indicate Alternate Address Here if The Title Should be Sent to a Different Lienholder Address						Indicate Alternate Address Here if The Title Should be Sent to a Different Lienholder Address								
<b>*DR 2421 Statement of One in the Same is required when the owner's name on the Secure and Verifiable ID differs from the owner's name on the application/title. **If more than two lienholders, please attach separate documentation.</b>														
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 <ol style="list-style-type: none"> <li>a. A minimum mandatory fine of not less than five hundred dollars or greater if imposed by the court; and</li> <li>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.</li> <li>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.</li> </ol>														
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).														
<b>I certify, under penalty of perjury in the second degree, that the ABOVE information is true and accurate to the best of my knowledge.</b>														
Owner or Agent Signature												Date		
Printed name of Owner/Agent as it appears on Identification:														
Secure and Verifiable ID of Owner/Agent: <input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Other:														
ID#						Expires				DOB				
<b>Witness Signature Required.</b> 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		
<b>County Use Only (Dealers/Lienholders: Do Not Write Below this Line)</b>														
Previous Title Number								Title Number						
Date Accepted		Purchase Price			Odometer Reading & Indicator			GVWR		Fleet #		Unit #		
First Lienholder #						Second Lienholder #								
Lien File No.		Lien Amount		Maturity Date		Date of Lien		Lien File No.		Lien Amount		Maturity Date		Date of Lien
Taxes Paid:						Filing Fees:								
Additional Comments:														
												Clerks Initials _____		



**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

NAME ADDRESS CITY, STATE ZIP		0123 01-2345/6789
DATE _____		
PAY TO THE ORDER OF _____ \$ _____		
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
FOR _____		
⑆0⑆ 2345678⑆	⑆0⑆ 234567890⑆ 23⑆	⑆0⑆ 23
Bank Routing Number	Bank Account Number	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:** \_\_\_\_\_



## 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:** \_\_\_\_\_