



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 215 W 10th St RM 108 at Information Desk.

____ I have a specialty plate to re-use (list plate number): _____

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 our dropbox located inside the Pueblo County Historic Court.**

UPS/FedEx Delivery: (And drop box location) Pueblo County Department of Motor Vehicle Attn: Skip the Trip 215 W 10th St RM 108 Pueblo CO 81003	Regular Mail: Pueblo County Department of Motor Vehicle Attn: Skip the Trip P.O. Box 878 Pueblo CO 81002
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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: skiphthetrip@pueblocounty.us

skiphthetrip@pueblocounty.gov

Phone: 719-583-6507

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.**

Pueblo 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.

Required Title Documents

Colorado Dealer – Cash Purchase

You will need to send in:

1. Cover Sheet – This should be placed on the top of all documents.
2. The entire packet you received from the dealership in person or via certified mail.
You can e-mail us photos of your title to check if it's filled out correctly before submitting your documents.
3. If you are also registering your vehicle, use the list of required registration documents.

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 **Pueblo 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 **719-583-6507** 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, 42-6-107, 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

Yes No

Physical Address of Lessee

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

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

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
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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:

<input type="checkbox"/> Joint Tenancy With Rights of Survivorship	<input type="checkbox"/> Tenancy in Common
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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)

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

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



E-Check Authorization Form
719-583-6507

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

Routing Number _____

Account Number _____

Check Number: NOT NEEDED

Account Holder Name _____

Billing Address:

Phone Number (____) _____

E-mail _____

____ CHECK HERE IF YOU WOULD LIKE A CALL WITH THE PAYMENT AMOUNT BEFORE PAYMENT IS

PROCESSED. 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

719-583-6507

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:

____ CHECK HERE IF YOU WOULD LIKE A CALL WITH THE PAYMENT AMOUNT BEFORE PAYMENT IS PROCESSED.

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:** _____