

Motor Vehicle Colorado Dealer Purchase

Do you have plates to reuse or credit from a previous registration? If yes, please use option 2.

Option 1:

- mydmv.colorado.gov

Please have your Title Complete Notice available for this transaction.

Option 2:

- Paperwork Cover Sheet (attached)
 - Front and back completed in its entirety
- Current insurance for the vehicle you are registering
- Enhanced emission test required for the following:
 - Passenger Vehicles, Buses, Light trucks, Recreational trucks, GVW trucks, GVW tractors, Motor homes
 - Gas Vehicles 6 years and older
 - Locations: aircarecolorado.com
 - Diesel Vehicles 4 years and older
 - Locations: [Diesel Emissions Centers](#)
- Title Complete Notice (or you can provide your VIN if the Title Complete Notice is unavailable)
OR
- Dealer packet: all documents provided by the dealership with the title.

Please do not separate this packet

Drop off paperwork in an envelope with your name on the front at one of our three locations:

- 9350 Heritage Hills Cir. Lone Tree, CO 80124
- 2223 W Wildcat Reserve Pkwy #G-1 Highlands Ranch, CO 80129
- 301 Wilcox St Castle Rock, CO 80104

Paperwork Cover Sheet

A Motor Vehicle Specialist will contact you if necessary.

Full Name: _____ **Today's Date:** _____

Phone Number(s): _____ **Address:** _____

Email Address: _____ **Vehicle Plate Number:** _____

Vehicle ID Number (VIN): _____ **Vehicle Title Number:** _____

If applicable, select from the options below:

- Reuse plates and credit _____ (plate#)
- New plates, no credit
- New plates, need credit from _____ (plate #)
- Plate Type Selection: Regular Other _____ (Certain plate types have additional requirements, fees)

What service do you need to complete?

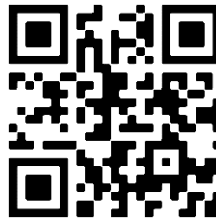
- Registration Renewal (Complete online at mydmv.colorado.gov)
- Disability Services (Placards/Plates) (Complete online at mydmv.colorado.gov)
- Private Party Purchase
- Colorado Dealer Purchase (Complete online at mydmv.colorado.gov)
- Out of State Dealer Purchase
- New Colorado Resident Vehicle Registration
- Title Only Transaction – Duplicate Title, Lien Release, Name Change, Add/remove Name from Title
- Driver's License Transaction (Castle Rock location only)
- Other Reason: _____

For all transactions: The back of this sheet must be completed, signed, and witnessed



Before you drop your paperwork in the box:

Visit DouglasDrives.com or scan for list of required documents:



For internal Douglas County office use only:

<input type="checkbox"/> Hold for Payment	<input type="checkbox"/> Hold for Documents:			<input type="checkbox"/> Rejected
<input type="checkbox"/> Copy of ID Provided <input type="checkbox"/> Current Insurance Verified <input type="checkbox"/> DR 2482 SVID Included				
	Phone Call	Voicemail	Email	Letter
Contact #1 Date/Time				
Contact #2 Date/Time				
Contact #3 Date/Time				
<input type="checkbox"/> Appointment	<input type="checkbox"/> Pick Up	Date:	Time:	Office:

Notes:

SUPPLEMENTAL SECURE AND VERIFIABLE IDENTIFICATION INFORMATION AND ATTESTATION CLAUSE

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

This form may be used as an attachment to existing forms inventory which does not contain the secure and verifiable identification information or attestation. Please attach this completed form to the document(s) being presented for Title and/or Registration.

SECURE AND VERIFIABLE IDENTIFICATION OF		
Name as it Appears on Identification		
Agency (If Applicable)		
Identification Information (for acceptable forms of ID please see form DR 2841)		
<input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Other _____		
ID #	Expires	DOB
This section to be used with DR 2219 Persons with Disabilities Parking Privileges Application. Identification shown above belongs to:		
<input type="checkbox"/> Individual (Placard holder) <input type="checkbox"/> Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Business		
* Affidavit of one in the same is required if the name on ID differs in any way from name on title assignment.		
* _____ _____ and _____ ARE ONE IN THE SAME <input type="checkbox"/> PERSON <input type="checkbox"/> 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		
The undersigned witness affirms that the identification described above was presented to me.		
Witness Printed Name		
Witness Signature	Date	