

Motor Vehicle

Title Only Instructions

Duplicate Title Request

Option 1:

mydmv.colorado.gov ➡ Vehicle Services ➡ Request a Duplicate Title

Option 2:

- Paperwork Cover Sheet (attached)
 - Completed in its entirety
- DR 2539A (attached)

Lien Release Request

- Paperwork Cover Sheet (attached)
 - Completed in its entirety
- DR 2539A (attached)
- Title signed off by finance company
OR
- Paperwork Cover Sheet (attached)
 - Completed in its entirety
- Lien release letter signed under penalty of perjury in the second degree from the finance company

Name Change

- Paperwork Cover Sheet (attached)
 - Completed in its entirety
- Title signed off with old name as seller and new name as buyer
- Copy of legal documentation showing name change, i.e.:
 - Marriage license
 - Divorce decree
 - Other court documents

Adding or Removing a Name

- Paperwork Cover Sheet (attached)
 - Completed in its entirety
- Title signed off by all current owners as sellers. Title signed off by new owners as buyers (at least one owner must remain the same)
- If more than one owner remains, DR 2395 Joint Tenancy with Rights of Survivorship form must be completed by all owners (attached)

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?

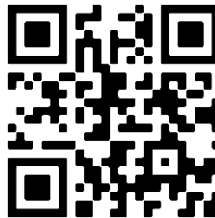
- Registration Renewal (Complete online at mydmv.colorado.gov)
- Disability Services (Placards/Plates) (Complete online at mydmv.colorado.gov)
- Private Party Purchase
- Colorado Dealer Purchase (Complete online at mydmv.colorado.gov)
- Out of State Dealer Purchase
- New Colorado Resident Vehicle Registration
- 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	

Duplicate Title/Lien Request and Receipt

C.R.S. 42-6-125, 42-6-126, 42-6-135, 42-6-137

Sections in **bold text** represent required information. If any bolded field is left blank, your application will be rejected.

This Statement Must Be Signed By Owner, Agent or Lienholder

I certify, under penalty of perjury in the second degree, that the title for this vehicle will be issued to me as:

(Check One) **Owner** **Agent** **Lienholder**

and the original title has been lost or destroyed, has not been assigned or transferred, and is subject only to lien(s) shown on State Motor Vehicle records. I understand that this duplicate title will be the only valid certificate of title and the original and any previously issued duplicate title(s) will be void.

Hand printed Name as it Appears on Identification of Owner, Agent, or Lienholder (include firm name if applicable)

Signature of Owner, Agent, or Lienholder	Date
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Identification of individual signing above:*

Colorado DL Colorado ID Other _____

ID #	Expires	DOB
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The undersigned witness affirms that the named owner of the vehicle identified in this document presented the identification described above.

Witness Signature (required)	Date
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*Identification will be required for all duplicate title transactions.
 Secure and Verifiable Identification is required when the original title was issued on or after July 1, 2006.

Year of Vehicle	Make	Body Style	Title No.	Issue Date*	County of Issuance
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Vehicle Identification Number (VIN)	License Plate Number	State of Issuance
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Owner Name

Address	City	State	ZIP
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Lienholder

Name

Address	City	State	ZIP
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Please Provide Mailing Address Below.
To Expedite, Please Include a Self Addressed Stamped Envelope.

Name

Address	City	State	ZIP
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<ul style="list-style-type: none"> • Make check or money order payable to: COLORADO DEPARTMENT OF REVENUE, OR • If applying at your County Motor Vehicle, make check payable to: COUNTY CLERK. <p><small>The state may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.</small></p>	Account Number M1525571	
	Duplicate Title	\$8.20
	Lien Release Title	\$7.20
	5750	Total Amount (999)

Procedure For A Duplicate Colorado Title

To comply with Colorado Laws this procedure is to be followed when applying for a Colorado duplicate title.

Step	What You Need To Do				
1	Complete and sign the Duplicate Title/Lien Request and Receipt title application (DR 2539 A). The application must be signed by the owner, lienholder, or authorized agent by power of attorney of the vehicle listed on this form. The individual signing the duplicate title application must provide identification information.				
2	Colorado duplicate titles can only be applied for by the owner, lienholder, or an authorized agent. If the authorized agent applies for the duplicate title, they must submit a Power of Attorney (POA) signed by the owner or lienholder. If the Power of Attorney form used <u>does not</u> have a place for the grantor's identification information, a DR 2842 Supplemental Secure and Verifiable Identification Information and Attestation Clause must also be submitted. <u>Do not send photocopies of identification or original identification card(s), such as Driver's license or Passport.</u> If the POA is VIN specific, the original must be submitted and will be returned upon request. If a General POA is submitted, a photo copy or fax copy is acceptable (notary seal must be visible on copy) and must be included with <u>each</u> application. The DR 2175 (Colorado POA) and the DR 2842 are available at the County Motor Vehicle offices, the Vehicle Services Section, or online at www.colorado.gov/revenue .				
3	A lien release is required for all active liens. The lien release must be on the lienholder's letterhead (letterhead is not required if lienholder is an individual). Photo and fax copies are accepted and must include vehicle year, make, VIN, titled owner's name(s), agent's signature, date of lien release and must be signed under penalty of perjury in the second degree as defined in C.R.S. 18-8-503. The title will be issued omitting all reference to the lien pursuant to C.R.S. 42-6-126.				
4	All duplicate title transactions require identification. Secure and Verifiable ID (see form DR 2841) is required for titles issued on or after July 1, 2006.				
5	If you are applying as lienholder and the lien is NOT FILED in Colorado, you must include a Power of Attorney from the owner, (see step 2 above) or, in the case of repossession, include a Statement of Repossession AND a certified copy of the security agreement.				
6	<p style="text-align: center;"><u>Mail-in requests:</u></p> <p>The fee for a duplicate title is \$8.20 pursuant to C.R.S. 42-6-137 (5). The fee for a lien release title is \$7.20 pursuant to C.R.S 42-6-137(4). Make checks payable to the Colorado Department of Revenue.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Submit applications by REGULAR MAIL to:</p> <p style="padding-left: 20px;">Department of Revenue Vehicle Services Unit P.O. Box 173350 Denver, CO 80217-3350</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Submit applications by EXPRESS MAIL to:</p> <p style="padding-left: 20px;">Colorado Department of Revenue DMV-Titles Section 1375 Sherman Street Denver, CO 80203</p> </td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Walk-in requests:</u></p> <p>Submit applications to:</p> <p style="padding-left: 20px;">Colorado Department of Revenue Vehicle Services Unit 1881 Pierce Street Lakewood, CO 80214</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>E-Services:</u></p> <p style="padding-left: 20px;">mydmv.colorado.gov (For quickest processing, please utilize this option)</p> </td> </tr> </table> <p>Agents acting on <u>behalf of a business</u> must provide a Power of Attorney (POA) or a Letter of Authorization (LOA).</p>	<p>Submit applications by REGULAR MAIL to:</p> <p style="padding-left: 20px;">Department of Revenue Vehicle Services Unit P.O. Box 173350 Denver, CO 80217-3350</p>	<p>Submit applications by EXPRESS MAIL to:</p> <p style="padding-left: 20px;">Colorado Department of Revenue DMV-Titles Section 1375 Sherman Street Denver, CO 80203</p>	<p><u>Walk-in requests:</u></p> <p>Submit applications to:</p> <p style="padding-left: 20px;">Colorado Department of Revenue Vehicle Services Unit 1881 Pierce Street Lakewood, CO 80214</p>	<p><u>E-Services:</u></p> <p style="padding-left: 20px;">mydmv.colorado.gov (For quickest processing, please utilize this option)</p>
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7	If your application has been rejected, return the original DR 2539A with the additional information required. There is no additional fee for returned applications. (mail-in). Check submitted with rejected applications will not be returned and are destroyed by the Department.				

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.

Vehicle 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.			
Owner One	I _____ (print name) request the Colorado Certificate of Title for the Vehicle described above be issued in: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Joint Tenancy With Rights of Survivorship <input type="checkbox"/> Tenancy in Common </div> <p style="margin-top: 5px;">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.</p>		
	Owners Signature		Date
Owner Two	I _____ (print name) request the Colorado Certificate of Title for the Vehicle described above be issued in: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Joint Tenancy With Rights of Survivorship <input type="checkbox"/> Tenancy in Common </div> <p style="margin-top: 5px;">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.</p>		
	Owners Signature		Date
Owner Three	I _____ (print name) request the Colorado Certificate of Title for the Vehicle described above be issued in: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Joint Tenancy With Rights of Survivorship <input type="checkbox"/> Tenancy in Common </div> <p style="margin-top: 5px;">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.</p>		
	Owners Signature		Date
Owner Four	I _____ (print name) request the Colorado Certificate of Title for the Vehicle described above be issued in: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Joint Tenancy With Rights of Survivorship <input type="checkbox"/> Tenancy in Common </div> <p style="margin-top: 5px;">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.</p>		
	Owners Signature		Date