

**MESA COUNTY CLERK & RECORDER***Sheila Reiner***Plate Mailing Instructions**

Attached are all the documents required to complete the process of your new registration through the mail. We can transfer license plates from another vehicle as long as there is at least one owner in common on both vehicles. A copy of the current registration will need to be submitted in order to do this.

Please complete the documents as needed and return with a payment to:

Overnight:

Mesa County Clerk
200 S Spruce St
Grand Junction, CO 81501
Attn: New Registrations

Fax: 1-970-244-1676

E-mail: plates@mesacounty.us

Phone: 970-244-1664

Regular Mail:

Mesa County Clerk
Dept. 5008
P.O Box 20,000
Grand Junction, CO 81502-5001
Attn: New Registrations

A fee of \$3.00 will be added for postage to mail the plates via regular mail.

You will need to return:

1. DR 2842 Supplemental Secure and Verifiable Identification. Make certain to have someone witness your ID and signature.
2. Proof of insurance. This must be a **current Colorado** policy.
3. The title complete notice mailed to you from Mesa County.
4. DR 2444 Statement of Fact will need to be included only if you want us to mail the plates and registration to a different address than the one we have on file.
5. If you want to transfer plates we will need a copy of the old registration for the plates you want to move to your new vehicle.

Payment Options

Paying by check

If you wish to pay by a check please call our office with your vehicle information for a quote. Then submit the items mentioned above along with a check for the amount you were quoted for registration and postage fees. The clerk will process your request and your plates will be mailed to you.

Be aware an additional \$3.00 will be added to your end total for postage fees.

Paying by E-Check

If you wish to pay by E-Check you may fax or email in the documents needed to complete the registration along with the E-Check Authorization sheet in this packet and a cover sheet with "Plate Request". The clerk will then process your request and your plates will be mailed to you.

Be aware there is an additional \$1.00 charge to pay with an E-check along with an additional \$3.00 for postage for the plates.

Paying by credit/debit card

If you wish to pay by credit/debit card you may fax or email in the documents needed to complete the registration along with the Credit Card Authorization sheet in this packet and a cover sheet with "Plate Request". The clerk will then process your request and your plates will be mailed to you.

Be aware there is an additional credit card processing fee as well as an additional \$3.00 added for postage of the plates.

Please note all quotes are valid for the month they are quoted. For example if you request for a quote in May, that quote provided is only good for May of that same year.

Please allow up to 5 business days for processing.

Mesa County will not be liable for any plates that may get lost in the mail. If your plates do not make it to your address you will need to come into the office with the vehicle information and we will replace your plates for you at an additional cost.

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

Secure and Verifiable ID

Secure and Verifiable ID is required to obtain:

- New Titles
- Duplicate Titles (vehicles purchased on or after 07/01/2006)
- New Registrations
- New Temporary Registration Permits
- New Placards

The following types of identification are Secure and Verifiable:

- Any Colorado Driver License, Colorado Driver Permit or Colorado Identification Card, current or expired one year or less. (Valid temporary paper license with invalid Colorado Driver's License, Colorado Driver's Permit, or Colorado Identification Card, expired one year or less is acceptable.)
- Out-of-state issued photo driver's license or photo identification card, photo driver's permit current or expired one year or less.
- U.S. Passport current or expired less than 10 years.
- Valid foreign passport with I-94 or valid processed for I551 stamps. Valid I-94 issued by Canadian government with L1 or R1 status and a valid Canadian drivers license or valid Canadian identification card.
- Valid I551 Resident Alien/Permanent Resident card. No border crosser or USA B1/B2 Visa/BCC cards.
- Valid I688 Temporary Resident, I688B, and I766 Employment Authorization Card with intact photo.
- Valid US Military ID (active duty, dependent, retired, reserve and National Guard).
- Tribal Identification Card with intact photo. (U.S. or Canadian)
- Certificate of Naturalization with intact photo.
- Certificate of (US) Citizenship with intact photo.

If you have questions about Secure and Verifiable Identification, please contact the Title and Registration Sections at 303-205-5608.

STATE OF COLORADO STATEMENT OF FACT

Name			
Vehicle Identification Number	Year	Make	Title Number

Statement

I AM / WE ARE THE REGISTERED OWNER(S) OF THE ABOVE VEHICLE. I AM / WE HAVE RECENTLY MOVED/ ARE CURRENTLY RESIDING / WORKING / STATIONED / A STUDENT OUTSIDE OF MESA COUNTY, BUT I AM A RESIDENT OF SAID COUNTY.

PLEASE MAIL MY / OUR LICENSE PLATES AND REGISTRATION TO THE FOLLOWING ADDRESS:

ENCLOSED IS:

- *MY / OUR CURRENT PROOF OF INSURANCE
- *DR 2842 SUPPLEMENTAL SECURE AND VERIFIABLE IDENTIFICATION

ALSO MAY BE ENCLOSED AS REQUIRED:

- *COPY OF THE QUOTE PROVIDED BY MESA COUNTY MOTOR VEHICLES
- *TITLE COMPLETE NOTICE
- *COPY OF REGISTRATION FROM VEHICLE I / WE WISH TO TRANSFER THE PLATES FROM

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

Signature	Date
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CLERK TO THE BOARD



RECORDING



MOTOR VEHICLE

ELECTIONS

MESA COUNTY CLERK & RECORDER

Sheila Reiner

CREDIT CARD PAYMENT AUTHORIZATION

970-244-1664

Credit Card (please mark one)

- Visa
- MasterCard
- American Express
- Discover

Card Number:

Expire Date: ____/____

Card Holder

Name: _____

Billing Address:

Phone Number: (____) _____

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.*

Signature: _____ Date: _____



CLERK TO THE BOARD



RECORDING



MOTOR VEHICLE



ELECTIONS

MESA COUNTY CLERK & RECORDER

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E-Check Authorization Form

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

\$

DOLLARS

BANK NAME
ADDRESS
CITY, STATE ZIP

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 (____) _____

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*.

Signature: _____

Date: _____