



CLERK TO THE BOARD



RECORDING



MOTOR VEHICLE



ELECTIONS

MESA COUNTY CLERK & RECORDER

Sheila Reiner

Changes to an Existing Colorado Title Record

Attached are all the documents required to change to Joint Ownership with Rights of Survivorship, Change, Add, or Drop a Name, and/or remove a lienholder. **THIS PROCESS IS NOT USED TO TRANSFER OWNERSHIP, ONE OWNER MUST REMAIN THE SAME.**

Original Documents are required to process a title! You may mail them to the below address or place in our drop box in the lobby at Mesa County Central Services Motor Vehicle

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 Title

Regular Mail:

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

To get documents verified before mailing you can:

Fax: 970-244-1649

E-mail: plates@mesacounty.us

Phone: 970-244-1664

Paperwork Instructions

You will need to send in:

1. Cover sheet – this should be placed on the top of all documents.
2. Colorado title –
 - If dropping a lien or adding Joint Tenancy WITH Rights OF Survivorship to existing ownership no sign off is needed.
 - If adding a name to the title the current owner(s) need to sign off in the seller's section, then the current owner(s) sign back on with the added name in the buyer's section.
 - If dropping a name the individual(s) coming off title will need to sign off in the seller's section, then the owner(s) remaining on title will need to complete the buyer's section.
3. DR 2842 Supplemental Secure and Verifiable Identification. Make certain to have someone witness your ID and signature.
4. DR2395 Application for Title and Registration – highlighted areas are required to be completed. If two or more owners are going on title and Joint Tenancy with Rights of Survivorship is desired page two of the DR2396 is also required to be completed.
5. Method of Payment – Either check or an electronic authorization, \$7.20 per title.

Please email or fax your completed documents to our office prior to mailing for verification to prevent delays in processing.

Payment Options

Paying by check

If you wish to pay by a check please email or fax our office with all the documents required for title and registration. The clerk will verify that your documents are correct. Submit the original documents to our office with a check for **\$7.20** made payable to MCC or Mesa County Clerk. The clerk will process your title and you will receive it within a few weeks.

Paying by E-check

If you wish to pay by E-check please email or fax our office with all the documents required for title and registration. The clerk will verify that your documents are correct. Submit the original documents to our office via mail along with the E-Check Authorization sheet in this packet. The clerk will process your title and you will receive it within a few weeks.

The title fee is **\$7.20**, be aware there is an additional **\$1.00** charge to pay with an E-check.

Paying by credit/debit card

If you wish to pay by credit/debit card please email or fax our office with all the documents required for title and registration. The clerk will verify that your documents are correct. Submit the original documents to our office via mail along with the E-Check Authorization sheet in this packet. The clerk will process your title and you will receive it within a few weeks.

The title fee is **\$7.20**, be aware there is an additional credit card processing fee (approx. \$3 per \$100) for any transactions over \$10.00.

Please allow up to 5-10 business days for processing, 4 – 6 weeks for receipt of the title.



CHANGING EXISTING COLORADO TITLE **RECORD CHECKLIST**

**THIS SHEET MUST BE ON TOP OF THE SUBMITTED
DOCUMENTS TO ENSURE EXPEDIENT PROCESSING!**

WITH THIS COVER SHEET I HAVE INCLUDED:

- DR2395 Application for Title and/or Registration
 - Colorado Title - Properly Assigned if needed
 - DR2842 Supplemental Secure & Verifiable Identification Form
 - Joint Ownership (Tenancy) with Rights of Survivorship form
 - Electronic Payment Authorization Form(if using e-check or card)
- OR**
- Completed check

Name: _____

Daytime Phone #: _____

Email: _____

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) <input type="text"/>										Fuel Type*: *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				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											
* <input type="checkbox"/> DR 2421 Attached											
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						
<p>*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.</p> <p>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</p> <p>a. A minimum mandatory fine of not less than five hundred dollars or greater if imposed by the court; and</p> <p>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.</p> <p>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.</p> <p>After obtaining a registration, you will be required to sign an affirmation clause indicating compliance with insurance requirements.</p> <p>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).</p> <p>I certify, under penalty of perjury in the second degree, that the above information is true and accurate to the best of my knowledge.</p>											
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			
The undersigned witness affirms that the named owner of the vehicle identified in this document presented the identification described above.											
Witness Signature										Date	
County Use Only (Dealers/Lienholders: Do Not Write Below this Line)											
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 _____	

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
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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	I _____ (print name) 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 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.		
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">Owners Signature</td> <td style="border: none; width: 20%;">Date</td> </tr> </table>		Owners Signature	Date
Owners Signature	Date		

Owner Two	I _____ (print name) 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 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.		
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">Owners Signature</td> <td style="border: none; width: 20%;">Date</td> </tr> </table>		Owners Signature	Date
Owners Signature	Date		

Owner Three	I _____ (print name) 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 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.		
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">Owners Signature</td> <td style="border: none; width: 20%;">Date</td> </tr> </table>		Owners Signature	Date
Owners Signature	Date		

Owner Four	I _____ (print name) 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 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.		
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">Owners Signature</td> <td style="border: none; width: 20%;">Date</td> </tr> </table>		Owners Signature	Date
Owners 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.

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



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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: (____) _____

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.*

Signature: _____ Date: _____



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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

01-23456789

DATE _____

PAY TO THE
ORDER OF _____

\$

DOLLARS

BANK NAME
ADDRESS
CITY, STATE ZIP

FOR _____

⑆012345678⑆ 01234567890123⑆ 0123

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*.

Signature: _____

Date: _____