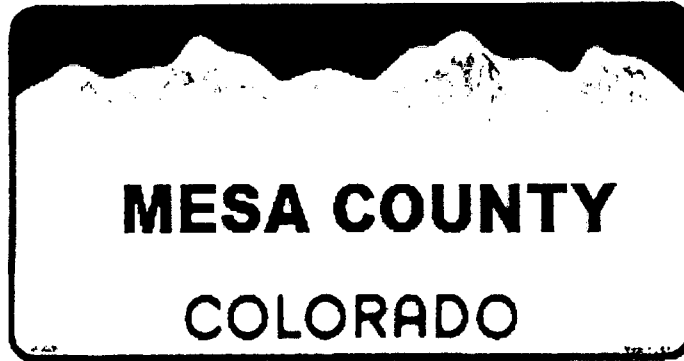


**MESA  
COUNTY**

*Tina Peters - Clerk & Recorder*



## Skip the Trip New Plate Instructions

Attached are all the documents required to complete the process of your new registration. 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 or license plate number 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

**Regular Mail:**

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

**Fax:** 970-244-1676

**E-mail:** [plates@mesacounty.us](mailto:plates@mesacounty.us)

**Phone:** 970-244-1664

A fee of **\$5.00** will be added for postage to mail new plates via regular mail.

**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 the cost of the plates (typically less than \$10).

**You will need to return:**

1. Cover Sheet
2. Proof of insurance. This must be a **current Colorado** policy.
3. The title complete notice mailed to you from Mesa County.
4. DR2395 Application for Title and/or Registration with highlighted areas completed. Make certain to have someone witness your ID and signature.
5. If you want to transfer plates we will need a copy of the old registration or the license plate number for the plates you want to move to your new vehicle.
6. Select your delivery type, Pick-Up or Mail. We will notify you via e-mail or phone once your transaction is processed.

## **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 **\$5.00** will be added to your end total for postage fees if we are issuing new plates.

### **Paying by E-Check (mail or e-mail)**

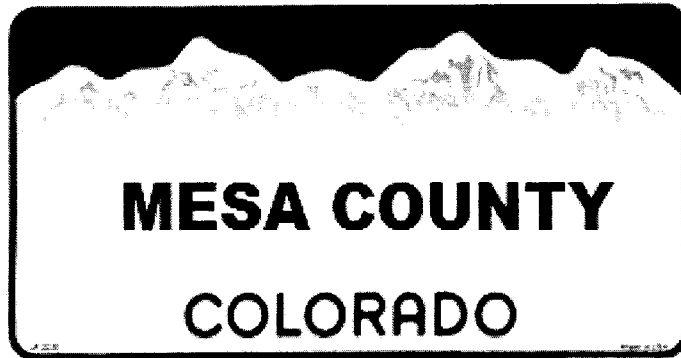
If you wish to pay by E-Check you may fax or email in the documents needed to complete the registration along with the E-Check Authorization sheet in this packet and a cover sheet with "Plate Request". The clerk will then process your request and your plates will be mailed to you.

Be aware there is an additional **\$1.00** charge to pay with an E-check along with an additional **\$5.00** for postage for new plates.

### **Paying by credit/debit card (mail or e-mail)**

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 **\$5.00** added for postage for new plates.



# PLATE MAILING COVER SHEET AND 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 Proof of Insurance
- The title complete notice mailed to you from Mesa County
- Copy of the old registration or license plate number if a plate transfer is desired
- Electronic Payment Authorization Form(if using e-check or card)

**OR**

- Check with Quote

Name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Mail or Pick Up \_\_\_\_\_

Please transfer plate number \_\_\_\_\_

## 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.

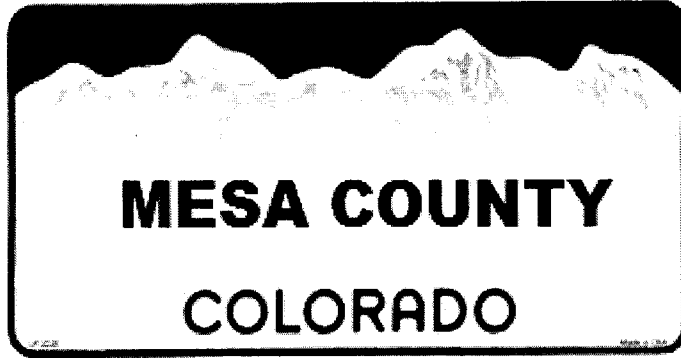
<b>SECURE AND VERIFIABLE IDENTIFICATION OF</b>		
Name as It Appears on Identification		
Agency (If Applicable)		
Identification Information (for acceptable forms of ID please see form DR 2841)		
<input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Other _____		
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

# 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 style="width: 100%; height: 20px;" 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						
* <input type="checkbox"/> DR 2421 Attached				Indicate Alternate Address Here if The Registration Renewal Should be Sent to a Different Address							
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)(I)(X)(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>											
I certify, under penalty of perjury in the second degree, that the above information is true and accurate to the best of my knowledge.											
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	
<b>County Use Only (Dealers/Lienholders: Do Not Write Below this Line)</b>											
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 _____	



**CREDIT CARD PAYMENT AUTHORIZATION**

970-244-1664

Credit Card (please mark one)

- Visa
- MasterCard
- American Express (4 digit)
- Discover

Card Number:

\_\_\_\_\_

Expire Date: \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_ (3 or 4 digit code on back of card)

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: \_\_\_\_\_



**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

FCM:

⑆0 234 56 78⑆ 0 234 56 78 90 1 23⑆ 0 1 23

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: \_\_\_\_\_