

DUPLICATE TITLE REQUEST AND RECEIPT

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

REMIT \$8.20 FOR DUPLICATE TITLE

NO REFUNDS WILL BE GRANTED FOR DUPLICATE TITLE REQUESTS

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

Identification of individual signing above:*

Colorado DL **Colorado ID** **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

***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 Issue
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Vehicle Identification Number (VIN)	License Plate Number	State of Issue
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Owner Name

Address

City State ZIP

STATE USE ONLY
REJECTION - YOUR APPLICATION HAS BEEN REJECTED FOR ONE OF THE FOLLOWING REASONS

- No record of this Vehicle Identification Number was found in Colorado records. Please submit a copy of your registration or contact the county where your vehicle was first titled.
- The title for your vehicle is held by the State of _____. Colorado issued plates only for this vehicle. The title number was issued for record keeping purposes only. Contact the state listed above.
- Lien expired. Owner or Agent by Power of Attorney must apply. (See step 2 on page 2)
- Identification/Secure and Verifiable ID of Owner, Agent by Power of Attorney/Lienholder Agent required. (See step 4 on page 2)
- DR 2842, Supplemental Secure and Verifiable Identification Information and Attestation Clause - required from grantor. (See step 2 page 2)
- Lien NOT filed in Colorado. You must submit either a Power of Attorney from the Owner (see step 5 on page 2) OR an Affidavit of Repossession AND certified copy of the finance agreement.
- Lien release required. (See step 3 on page 2)
- POA (Power of Attorney) or LOA (Letter of Authorization) required. (See step 6 on page 2)

LIENHOLDER

Name

Address

City State ZIP

PLEASE PROVIDE MAILING ADDRESS BELOW. TO EXPEDITE, PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE.

Name

Address

City State ZIP

• 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.

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.

Account Number M1525571		
5750	TOTAL AMOUNT (999)	\$8.20

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 application (DR 2539 A). The application must be signed by the owner, lienholder, or authorized agent by power of attorney. 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. Do not send photocopies of identification. 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 State Title 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 duplicate 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). Make checks payable to the Colorado Department of Revenue. Please submit separate applications and fees for each request and include a self addressed stamped envelope or prepaid return express envelope.</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;">Colorado Department of Revenue DMV-Titles Section Denver, CO 80261-0016</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> <p style="text-align: center;"><u>Walk-in requests:</u></p> <p>Submit applications to:</p> <p style="padding-left: 20px;">Colorado Department of Revenue DMV-Titles Section 1881 Pierce Street Lakewood, CO 80214</p> <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;">Colorado Department of Revenue DMV-Titles Section Denver, CO 80261-0016</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>
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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)		