## Fleet Owner Request For Participation In The Colorado Fleet Registration Program (CFRP)

This program allows participation from privately owned and non-governmental fleets under the authority of the C.R.S. 42-3-125, and Code of Colorado Regulations 1CCR 204-10 Rule 5. Fleet Registration Program.

## \*\*Minimum of 10 vehicles required (buses not allowed)\*\*

## This application is to be used for the "permanent plate" fleet program only.

If participation is approved, the Registrations Section will notify the appropriate counties and a copy of this form will be returned to the applicant. At that time the fleet owner may contact the appropriate counties to begin registering their vehicles into the Colorado Fleet Registration Program.

## Type or print all information.

Company Name								
Company Owner I	Name							
Title Address				City			State	ZIP
Mailing Address (if different than title address)				City			State	ZIP
Principal Office Co	ounty			Principal Fleet Management Facility County (if applicable)				
Company Contact	Name		Company Contact Phone Number					
Requested Month of Expiration for all vehicles:					2nd Choice	3rd Choic		9
Registration P	rogram and wil	that I have read a I comply with tho	and understand se Rules and R	I the Rules egulations.	and Regulations t	hat gove	ern the	Colorado Fleet
Signature of Owne	er or Agent					Date		
	s issued to trail				tion including num et of plates are issu			
County	Number of Vehicles	Number of Sets	Number of Singles	County	Number of Vehicles	Number	of Sets	Number of Singles

Please attach additional list only when needed.

Please submit to the State Registrations Section:

Colorado Department of Revenue

Division of Motor Vehicles

PO Box 173350 Denver, CO 80217-3350