DR 2085 (08/06/21)

COLORADO DEPARTMENT OF REVENUE

Division of Motor Vehicles

Title and Registration Section

DMV.Colorado.gov

Insurer and Salvage Pool Registration

| DORA License # OR Dealer License Number Colorado Account N | | Number | FEIN | | |
|---|----------------------------|---|----------------|------------------------------|-----|
| Name of Insurer, Authorized Agent of an Insurer, or Salvage Pool | | | Business Hours | | |
| Name of Applicant | | Title | | | |
| Business Address | | City | | State | ZIP |
| Mailing Address (if different than above) | | City | | State | ZIP |
| Email Address | | | | | |
| Office Number | | Fax Number | | | |
| Owner / Operator conducting operation as | | | | | |
| Individual | Partnership | Corporation | LLC | Age | ent |
| List name(s) and address(es) of owner/partners/officers as pertains to type of business above | | | | | |
| | | | | | |
| What state is the company incorporated/or | ganized in if not Colorado | Address of principal office in Colorado | | | |
| If operation is conducted by an agent, list t | the name of the parent com | pany | | | |
| If operation is conducted by an agent, list the address of the parent company | | | | | |
| My signature below acknowledges Motor Vehicles shall be used only i I certify under penalty of perjury in | n the abandoned vehic | cle process, in accordance v | with C.R.C. 4 | 12-6-110. o the best of i | |
| Signature of Applicant | | | Da | ate | |