

Departmental Use Only

Manufacturer Plate Application

C.R.S. 42-3-116, 42-3-304(6)(b) and Code of Colorado Regulation 1 CCR 204-10

Complete and sign the application. **If you are replacing a lost or stolen plate, you must attach a copy of a police report, and a copy of the DR 2283, Lost or Stolen License Plate / Permit Affidavit.** A copy of the Colorado title receipt(s) must be attached for each requested plate. Failure to attach receipt(s) may result in the rejection of this application. The manufacturer/distributor must supply a letter of authorization identifying the applicant as an official representative of the manufacturer/distributor. Ensure that the fee computation is correct.

Mail to:

Colorado Department of Revenue
Division of Motor Vehicles
PO Box 173350
Denver, CO 80217-3350

Check One ☐ Original Order ☐ Additional Order

Name of Manufacturer/Distributor or Factory Branch

Colorado Manufacturer/Distributor License Number

Mailing Address

City

State

ZIP Code

Colorado Location Address

City

State

ZIP Code

Name

Title of Contact Person

Contact's Telephone Number

I, the undersigned agent of the manufacturer/distributor, do hereby request an authorization of manufacturer plates in accordance with the Colorado Code of Regulations 1 CCR 204-10.

I certify that vehicles bearing these plates will be owned and titled in Colorado to this manufacturer/distributor. The driver of a manufacturer-plated vehicle shall have in his or her possession the receipt for application for a Colorado title.

I hereby request manufacturer plates and have attached a photocopy of the Colorado title receipt(s) of the above named manufacturer/distributor. I certify that I am the authorized agent of the

I certify, under penalty of perjury in the second degree, that the information contained in this document is true and accurate to the best of my knowledge.

Printed Name

Signature

Print Name as it Appears on Identification of Applicant

Secure and Verifiable ID of Applicant:

☐ Colorado Driver License ☐ Colorado ID ☐ Other

Identification Number

Expires

Date of Birth (MM/DD/YY)

The undersigned witness affirms that the identification described above was presented to me.

Witness Printed Name

Witness Signature

Plates Requested	Price	Quantity	Total Fee
First Plate.....	\$34.83	1	\$ 34.83
Plates 2, 3, 4 and 5....	\$12.33		\$
Plates 6 and up or replacements.....	\$14.83		\$
			\$
	Totals		\$

Account Number: 15-25571 **Liability Code:** 5900-800

No Refunds Will Be Granted

Make check payable to: **Colorado Department of Revenue**

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.