



U.S. Army Special Forces License Plate Application C.R.S. 42-3-213(18)

Name of Applicant		
Registration Address		
City	State	ZIP
Daytime Phone Number	FAX Number	
County Where The Vehicle(s) Will Be Registered (applications without County listed will be rejected)		
I/we certify under the penalty of perjury, that the facts stated above are true and accurate to the best of my/our knowledge.		
Signature of Owner		
QUALIFICATIONS		
To be authorized to receive the U.S. Army Special Forces License Plate the following criteria must be met in accordance with Colorado Revised Statute 42-3-213(18):		
☐ Service Member Qualifications		
- Proof must be supplied that the service member received an honorable discharge or retirement or is an active or reserve member of the U.S. Army Special Forces.		
- Acceptable proof is members DD-214, Service Record, official U.S. Military issued documents, or official copies of orders placing the service member in a Army Special Forces role.		
AND		
☐ U.S. Army Special Forces Indicators (C.R.S. 42-3-213(18)(b)(II))		
Orders or DD-214 must show at least one of the following: (check all that apply)		
☐ an awarded prefix "3"	☐ an awarded suffix "S"	☐ a designation of "5G"
☐ a designation of "Special Forces Tab"	☐ a designation of "OSS"	☐ a designation of "18/180 Series MOS"
☐ a designation of "UNPIK-8240"		
Please note that originals should not be submitted , please copy all documentation. Copies will be used for certification and verification purposes only. All documents supplied will be returned if your application is denied.		
LICENSE PLATE INFORMATION		
Plate Type Requested (check all that apply)		
☐ Passenger (can be registered to a truck that does not exceed 16,000 pounds empty weight, a passenger car or a noncommercial or recreational vehicle)		
☐ Motorcycle		
Number of Plates Requested (applicants name must be listed on any registration that is plated with a U.S. Army Special Forces License Plate)		
Number of Passenger Vehicles _____ Number of Motorcycle Vehicles _____		
PLEASE SUBMIT THIS APPLICATION AND DOCUMENTATION TO YOUR COUNTY MOTOR VEHICLE OFFICE.		
Please allow for 3 weeks for delivery of your license plate		
I certify under the penalty of perjury, that the above statements are true and accurate to the best of my knowledge.		
Applicant Signature		Date of Signature