

Repair Shop Registration

Business License #		Colo Acct #		FEIN	
Name of Repair Shop				Business Hours	
Name of Applicant					
Business Address			City	State	ZIP
E-Mail Address					
Mailing Address			City	State	ZIP
Telephone Number ()		Fax Number ()			
Name of Storage Facility		Business Hours			
Storage Address			City	State	ZIP
Telephone Number					
Owner/Operator conducting operation as:					
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Agent					
If operation is conducted by an individual , please list the individual's name and address:					
If operation is conducted by a partnership , please list the names and addresses of the partners:					
If operation is conducted by a corporation , please list the names and addresses of the directors and officers:					
What state is the corporation incorporated in:					
What is the address of the principal office within Colorado:					
If operation is conducted as a LLC, please list the names and business address of each member:					
In which state is the LLC organized:					
What is the address of the principal office within Colorado:					
If operation is conducted by an agent, please list the name and address of the parent company:					
<p>My signature below acknowledges my understanding that searches and information obtained from the Colorado Division of Motor Vehicles shall be used only to process vehicles abandoned at my repair shop, in accordance with C.R.S. 38-20-116(2.5)(a).</p> <p><i>I certify under penalty of perjury in the second degree, that the above facts are true and correct to the best of my knowledge.</i></p>					
Signature of Applicant					Date