

## SMM Exempt License Plate

**C.R.S. C.R.S. 42-1-102 (93.5)(a), 42-1-102 (93.5)(b), 42-4-202**

SMM Exempt license plate allows vehicles, trailers or equipment that is considered special mobile machinery to be operated on the roads, streets and highways, the exemption from headlights, lighted and stop lamps, tail lamps, reflectors and turn signals. Qualified SMM are permitted to operate during daylight hours when visibility is not less than 500 feet.

Submit this application along with a copy of your current registration. If your application has been rejected, return the original DR 2112 with the additional information required. Your check originally submitted was destroyed by the Department, therefore new payment will need to be resubmitted. (If payment was cash or money order, fees were applied to your account.)

Name of Applicant or Company Name

Address

City State ZIP Code

Mailing Address

City State ZIP Code

**Please complete the following information. Send the necessary fee for your request.**

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### The below information is required

Year of Vehicle Make Body Style

Vehicle Identification Number (VIN)

License Plate Number Date (MM/DD/YY)

**Account Number. M 15-25571**

### Check Your Requirement

Type of Request

New (License plate, registration) Price: \$2.89 Amount

Replacement license plate (42-4-202(4)(f)) Price: \$0.50 Amount

**Total**

**Submit this application along with a copy of your current registration**

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Mailing Address:  
Department of Revenue  
Vehicle Services Unit  
P.O. Box 173350-1375  
Denver, CO 80217-3350

Physical Address:  
Colorado Department of Revenue  
DMV - Vehicle Services  
3265 S Wadsworth Blvd Suite A  
Lakewood, CO 80227

I certify, under penalty of perjury in the second degree, that the above facts are true and accurate to the best of my knowledge.

Signature of Owner (Required)

Printed Name as it appears on Identification of Applicant

**Secure and Verifiable Identification of the Applicant**

Colorado Driver License	Colorado ID	Other
Identification Number	Expires	Date of Birth

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

Witness Signature Date (MM/DD/YY)

Witness Printed Name