County Use Only

Personalized Plate Replacement C.R.S. 42-3-211

To replace a plate type listed below, complete this form and return to county motor vehicle office.

Type of Plate				
2/4 Remake		Colorado Designer Personalized		Street Rod
Alumni Personaliz	zed	Group Special Personalized		
Call Letter		Regular Personalized		
Type of Vehicle (I.E. P	assenger, Lt. Truc	k)		
1st Plate Holder's Name (As it appears on registration, Last, First, Middle)				Day Time Phone
2nd Plate Holder's Na	me (As it appears	on registration, Last, First, Middle)		
Legal Colorado Addres	ss (P.O. Boxes are	not acceptable)		County
City			State	ZIP Code
Mailing Address (If diff	erent than legal)			
City			State	ZIP Code
Reason For Repla	acement			
Lost	Stolen	Damaged		
I understand that if	the personalized	d license plate configuration sh	own above,	has been reported lost or

I understand that if the personalized license plate configuration shown above, has been reported lost or stolen that I or anyone operating my vehicle displaying this personalized plate may run the risk of being stopped, questioned, detained or other action taken by law enforcement. By signing below, I acknowledge that I have been informed of the risks associated with replacement of this personalized plate.

I certify, under penalty of perjury in the second degree, that the above facts are true and accurate to the best of my knowledge, and that I am a registered owner of these plates and request that they be replaced as indicated by this form.

Signature Date (MM/DD/YY)