

# Application for an Affidavit of Emissions Extension

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## Important Information

The completed form may be submitted online at [www.MyDMV.Colorado.gov](http://www.MyDMV.Colorado.gov) or hand-delivered to your local Colorado County Clerk's Motor Vehicle Office with your proof of current insurance and payment. A completed application does not assure automatic approval. Further information may be required prior to approving this request.

All areas of the application must be filled out or the application will be returned as "Incomplete" or "Denied" which will result in a **delay in your license plates being renewed** and are still subject to applicable late fees due.

Vehicles registered on this extension application using a vehicle identification number (VIN) verification form must be emissions tested within 15 days upon returning to Colorado.

Owners of vehicles who do not comply with the inspection requirements upon return to Colorado are subject to penalties as defined in 42-4-313 C.R.S.

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## Reasons for Extension

### Out of State Student

Vehicle owner and/or immediate family member is out of state attending school.

### Out of State Military

Vehicle owner and/or immediate family member is out of state on active duty in a branch of the United States military. Military individuals must be the owner or co-owner of the vehicle.

### Seasonally Out of State

Vehicle owner who spends a portion of the year (less than 12 months) and returns the vehicle to Colorado every year. It is recommended that the vehicle owner change the registration cycle to coincide with the time frame when the vehicle is in Colorado to avoid an Emissions Extension every year.

### Vehicle Disabled Out of State

Vehicle owner and/or immediate family member had the vehicle out of state when it became disabled due to a vehicle accident or engine trouble. Must provide receipts from the repair shop or body shop where services were provided or an accident report if applicable.

### Working Out of State

Vehicle owner and/or immediate family member is working in any capacity out of state. Note: Some states require in-state registration if an individual is working in their state.

### Temporarily Out of State

Vehicle owner and/or immediate family member is temporarily out of state for family emergency, caring for a sick relative, settling family estate, etc.

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## Required to be Submitted with this Form

Along with this application, for **all extensions**: If the state in which the vehicle is currently domiciled requires emissions testing, you must submit a **passing** emissions test from that state (except for reason "D"). If an emissions test is not required, you must submit a DR 2698 Verification of Vehicle Identification Number form filled out by Certified Law Enforcement, Military Police or authorized DMV Personnel in the State in which the vehicle is currently located.

**Please Print All Information Below**

Owner's Name \_\_\_\_\_ Owner's Phone Number \_\_\_\_\_  
Colorado Legal Address \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
License Plate Number \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Vehicle ID Number or Serial Number \_\_\_\_\_

Is the vehicle now in the State of Colorado?..... Yes No

**Reason for Extension Request (Check One)**

- A - Out of State Student      B - Out of State Active Military      C - Resident Seasonally Out of State  
D - Vehicle Disabled Out of State      E - Resident Working Out of State      F - Resident Temporarily Out of State

Name of Out of State Contact (School, Military Installation, Employer, Repair Facility, etc.)

Address of Out of State Contact \_\_\_\_\_ Contact Phone Number \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Explain "D", "E", "F"

Month/Year of Estimated Date of Return to Colorado

**Out of State Address to Mail Registration to:**

Name of Addressee \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**18-8-503 C.R.S.: 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 \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_