

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.

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: \$1.00 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

Mailing Address:

Colorado Department of Revenue
Division of Motor Vehicles
PO Box 173350
Denver, CO 80217-3350

Physical Address:

Colorado Department of Revenue
DMV - Vehicle Services
3265 S Wadsworth Blvd Suite 3A
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