

Duplicate Title/Lien Request and Receipt

C.R.S. 42-6-125, 42-6-126, 42-6-135, 42-6-137

Sections in **bold text** represent required information. If any bolded field is left blank, your application will be rejected.

This Statement Must Be Signed By Owner, Agent or Lienholder

I certify, under penalty of perjury in the second degree, that the title for this vehicle will be issued to me as:

| (Check One) | Owner | Agent | Lienholder |
|--------------------|--------------|--------------|-------------------|
|--------------------|--------------|--------------|-------------------|

and the original title has been lost or destroyed, has not been assigned or transferred, and is subject only to lien(s) shown on State Motor Vehicle records. I understand that this duplicate title will be the only valid certificate of title and the original and any previously issued duplicate title(s) will be void.

Printed Name as it Appears on Identification of Owner, Agent, or Lienholder (include firm name if applicable)

Signature of Owner, Agent, or Lienholder

Date (MM/DD/YY)

Identification of individual signing above:

| Colorado DL | Colorado ID | Other |
|--------------------|--------------------|-----------------------|
| ID Number | Expires | DOB (MM/DD/YY) |

Witness Signature (required). The undersigned witness affirms that the named owner of the vehicle identified in this document presented the identification described above.

Witness Printed Name

Witness Signature

Date (MM/DD/YY)

Please Provide Mailing Address Below.

To Expedite, Please Include a Self Addressed Stamped Envelope.

Name

Street Address

City **State** **ZIP Code**

Duplicate Title/Lien Request and Receipt (Continued)

| | | | | | |
|------------------------|-------------|-------------------|---------------------|-------------------|---------------------------|
| Year of Vehicle | Make | Body Style | Title Number | Issue Date | County of Issuance |
|------------------------|-------------|-------------------|---------------------|-------------------|---------------------------|

| | | |
|--|-----------------------------|--------------------------|
| Vehicle Identification Number (VIN) | License Plate Number | State of Issuance |
|--|-----------------------------|--------------------------|

Owner Name

Street Address

| | | |
|------|-------|----------|
| City | State | ZIP Code |
|------|-------|----------|

Lienholder (if applicable)**Name**

Street Address

| | | |
|------|-------|----------|
| City | State | ZIP Code |
|------|-------|----------|

- Make check or money order payable to: **Colorado Department Of Revenue,**
Or

- If applying at your County Motor Vehicle, make check payable to: **County Clerk.**

The state may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Account Number: **M1525571****Duplicate Title: \$8.20****Lien Release Title: \$7.20**

| | | | |
|-------------|----------------------|---------------|---------------|
| 5750 | Total Amount: | \$8.20 | \$7.20 |
|-------------|----------------------|---------------|---------------|

Procedure For A Duplicate Colorado Title

To comply with Colorado Laws this procedure is to be followed when applying for a Colorado duplicate title.

1. Complete and sign the **Duplicate Title/Lien Request and Receipt** title application (DR 2539A). The application must be signed by the owner, lienholder, or authorized agent by power of attorney of the vehicle listed on this form. The individual signing the duplicate title application must provide identification information.
2. Colorado duplicate titles can only be applied for by the owner, lienholder, or an authorized agent. If the authorized agent applies for the duplicate title, they must submit a Power of Attorney (POA) signed by the owner or lienholder. If the Power of Attorney form used **does not** have a place for the grantor's identification information, a [DR 2842](#) Supplemental Secure and Verifiable Identification Information and Attestation Clause must also be submitted.

Do not send photocopies of identification or original identification card(s), such as Driver's license or Passport. If the POA is VIN specific, the original must be submitted and will be returned upon request. If a General POA is submitted, a photo copy or fax copy is acceptable (notary seal must be visible on copy) and must be included with **each** application. The [DR 2175](#) (Colorado POA) and the [DR 2842](#) are available at the County Motor Vehicle offices, the Vehicle Services Section, or online at DMV.Colorado.gov.

3. A lien release is required for all active liens. The lien release must be on the lienholder's letterhead (letterhead is not required if the lienholder is an individual). Photo and fax copies are accepted and must include **vehicle year, make, VIN, titled owner's name(s), agent's signature, date of lien release and must be signed under penalty of perjury in the second degree or notarized declaration as defined in C.R.S. 18-8-503.**

The title will be issued omitting all reference to the lien pursuant to C.R.S. 42-6-126.

4. All duplicate title transactions require identification. Secure and Verifiable ID (see form DR 2841) is required for titles issued on or after July 1, 2006.
5. If you are applying as lienholder and the lien is **Not Filed** in Colorado, you must include a Power of Attorney from the owner, (see step 2 above) or, in the case of repossession, include a Statement of Repossession **and** a certified copy of the security agreement.

6. Mail-in requests:

The fee for a duplicate title is \$8.20 pursuant to C.R.S. 42-6-137 (5). The fee for a lien release title is \$7.20 pursuant to C.R.S. 42-6-137(4). Make checks payable to the Colorado Department of Revenue.

Submit applications by **Regular Mail** to:

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

Drop off at:

Colorado Department of Revenue
DMV - Vehicle Services
3265 S Wadsworth Blvd Suite 3A
Lakewood CO 80227

In-Person/Physical Address: Submit applications to:

Colorado Department of Revenue
DMV - Vehicle Services
3265 S Wadsworth Blvd Suite 3A
Lakewood CO 80227

E-Services: myDMV.Colorado.gov (For quickest processing, please utilize this option)

Agents acting on **behalf of a business** must provide a Power of Attorney (POA) or a Letter of Authorization (LOA).

7. If your application has been rejected, return the original DR 2539A with the additional information required.

Checks submitted with rejected applications will not be returned and are destroyed by the Department.