



Boulder County

Return form to:
Boulder County Motor Vehicles
1750 33rd St. Suite #100
Boulder, CO. 80301

Make Check for \$4.00 payable to:
Boulder County Clerk

Request for Duplicate Registration Application

I _____
(Name of Registered Owner)

request a duplicate copy of the Colorado registration for the following vehicle:

Year: _____ Make: _____ VIN: _____

Please mail duplicate registration to the following address (if different from address on registration):

_____	_____	_____
House #	Street Name	Unit/APT #
_____	_____	_____
City	State	Zip Code

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

Signature of Registered Owner Date

(Name as it appears on identification)

Colorado DL Colorado ID Other _____

Identification Number Expire Date Date of Birth

Witness Signature Date