

STATE OF COLORADO APPLICATION FOR DUPLICATE CERTIFICATE OF TITLE

Title Number	Make	Body Style
Vehicle Identification Number		Year of Vehicle
Name		
Address		
City	State	ZIP
MAIL TITLE TO ANOTHER ADDRESS		
Name		
Address		
City	State	ZIP
LIENHOLDER		
Name		
Address		
City	State	ZIP
Signature of Owner, Lienholder, or Agent X		Date:

THIS STATEMENT MUST BE SIGNED BY OWNER, LIENHOLDER OR AGENT

I affirm under penalty of perjury in the second degree, that the title for this vehicle:

- Has been lost or destroyed.
- Has not been assigned or transferred.
- Is subject only to lien(s) shown on state motor vehicle records.

I am applying as:

Owner
 Lienholder
 Agent by Power of Attorney

And I understand that:

- This duplicate title will be the only valid certificate of title.
- The original and any previously issued duplicate title(s) will be void.

The cost of a duplicate title is \$8.20, checks only please
 Make check payable to: "County Clerk"

Mail your completed duplicate title application to:
 El Paso County Clerk & Recorder
 Motor Vehicle Department
 PO Box 2007
 Colorado Springs, CO 80901