

## 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
Mailing Address (if different from the above Legal Address)			
City			State ZIP
<b>Please complete the following information. Send the necessary fee for your request</b>			
<b>The below information is required</b>			
Year of Vehicle		Make	Body Style
Vehicle Identification Number (VIN)		License Plate Number	
Date		<b>Account Number. M 15-25571</b>	
Check Your Requirement	Type of Request	Price	Amount
<input type="checkbox"/>	New (License plate, registration)	\$2.89	
<input type="checkbox"/>	Replacement license plate (42-4-202(4)(f))	\$0.50	
	<b>Total</b>	(999)	
<b>Submit this application along with a copy of your current registration</b>			
Mailing Address: Department of Revenue Vehicle Services Unit P.O. Box 173350-1375 Denver, CO 80217-3350		Physical Address: Colorado Department of Revenue Division of Motor Vehicles Registration Section 1881 Pierce St. Lakewood, CO 80214	
I certify, under penalty of perjury in the second degree, that the above statements 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		ID#	Expires DOB
<input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Other _____			
The undersigned witness affirms that the identification described above was presented to me			
Witness Signature		Witness Printed Name	Date