

## State of Colorado LAW ENFORCEMENT REGISTRATION

Name of Law Enforcement Agency			
Division and/or Troop Number			
Name of Applicant			
Badge Number			
Business Address	City	State	Zip
E-Mail Address			
Telephone Number	Fax Number		
<b>My signature below acknowledges my understanding that searches and information obtained from the Colorado Division of Motor Vehicles shall be used in the abandoned vehicle process, in accordance with C.R.S. 42-4-1803. I certify under penalty of perjury in the second degree, that the above facts are true and correct to the best of my knowledge.</b>			
Signature of Applicant	Date		