DR 2085 (08/06/21)
COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
Title and Registration Section
DMV.Colorado.gov

Insurer and Salvage Pool Registration

DORA License # OR Dealer License Number	Colorado Account Number	FEIN
Name of Insurer, Authorized Agent of an Insurer, or Salvage Pool		Business Hours
Name of Applicant		Title

Business Address	City	State	ZIP
Mailing Address (if different than above)	City	State	ZIP

Email Address	
Office Number	Fax Number

Owner / Operator conducting operation as

☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Agent

List name(s) and address(es) of owner/partners/officers as pertains to type of business above

What state is the company incorporated/organized in if not Colorado	Address of principal office in Colorado

If operation is conducted by an agent, list the name of the parent company

If operation is conducted by an agent, list the address of the parent company

My signature below acknowledges my understanding that searches and information obtained from the Colorado Division of Motor Vehicles shall be used only in the abandoned vehicle process, in accordance with C.R.C. 42-6-110.
I certify under penalty of perjury in the second degree, that the above facts are true and correct to the best of my knowledge.

Signature of Applicant	Date