

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		
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.			
Signature of Applicant	Date		