

Inoperable Vehicle Declaration

C.R.S 42-1-102(44.5), 42-3-118.5, 42-3-112

This form is for payment of specific ownership tax for an inoperable vehicle that is not operated upon the highways of this state and that is kept on private property for the purpose of maintenance, repair, restoration, rebuilding, or renovation.

“Inoperable vehicle” means a vehicle that is not roadworthy, as defined in section 42-6-102 (15).

“Roadworthy” means a condition in which a motor vehicle has sufficient power and is fit to operate on the roads and highways of this state after visual inspection by appropriate law enforcement authorities. In order to be roadworthy, such vehicle, in accord with its design and use, shall have all major parts and systems permanently attached and functioning and shall not be repaired in such a manner as to make the vehicle unsafe. For purposes of this subsection (15), “major parts and systems” shall include, but not be limited to, the body of a motor vehicle with related component parts, engine, transmission, tires, wheels, seats, exhaust, brakes, and all other equipment required by Colorado law for the particular vehicle.

Vehicles under this designation are not permitted for operation on roadways until it they are deemed roadworthy by a P.O.S.T. certified officer and all required documentation is surrendered to, and processed by, the County Motor Vehicle office.

This form should be completed and submitted to the County Motor Vehicle office, where the vehicle registration transaction will occur, along with the appropriate fees.

Vehicle Identification Number (VIN)												
Year	Make	Model or Body Style							Color			
Vehicle is not roadworthy and is undergoing: <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Restoration <input type="checkbox"/> Rebuilding <input type="checkbox"/> Renovation												
Name of Applicant(s)										Daytime Phone Number		
Legal Address (PO Boxes are not permitted)												
City				State		ZIP			Email Address			
Printed name of Owner/Agent as it Appears on Identification							Signature of Owner/Agent					
Identification of Applicant: <input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Other _____												
Identification Number							Expires			DOB		
Witness signature required. The undersigned witness affirms that the identification described above was presented to me.												
Witness Printed Name						Witness Signature				Date		
I, _____ certify, under penalty of perjury in the second degree, that the above statements are true <small>(Printed Name of Owner/Agent)</small> and accurate to the best of my knowledge.												
Signature										Date		