

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Owner/Contractor Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL MOBILE MACHINERY (SMM)**  
Registration Application

ATTACH PROOF OF SALES TAX PAID  
OR  
SALES TAX WILL BE COLLECTED

City & County of Denver  
Motor Vehicle Division  
4685 Peoria St. Denver, CO 80239

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**DMV Only**

Decal/Plt ON1- ON2	Vehicle Identification Number or Serial Number	Description	Year	Make	Declared Weight	Purchase Price	Date of Purchase	2% Y/N	Date to County	Decal/Plate Number

*By completing this application, the information is affirmed under penalty of perjury to be true and correct to the best of the applicants knowledge.*