

NONRESIDENCE AND MILITARY SERVICE EXEMPTION FROM SPECIFIC OWNERSHIP TAX AFFIDAVIT

**Incomplete application will not be processed.
C.R.S. 42-3-104(9)**

APPLICANT - This form is to be completed when the vehicle owner(s) meet the exemption requirements as listed in C.R.S. 42-3-104(9) and /or the Servicemembers Civil Relief Act and the Military Spouse Residency Relief Act contained in sections 1, 2, and 3, Title 50 App. U.S.C. Only the military individual, servicemember's spouse, or a lawful agent with power of attorney (POA) may execute this affidavit. Registration must be completed within 60 days of affidavit execution.

Servicemember's Name or Servicemember's Spouse's Name		Social Security Number	
Colorado Address (Street Address, City and ZIP)		County	
Colorado Military Installation Servicemember is Assigned to Under Orders		Duty Telephone Number ()	
Vehicle Identification Number (VIN)		Year	Make Body
State Where Vehicle Purchased	Date of Purchase	State of Legal Residence	
I, being first duly sworn, claim exemption from the Colorado Specific Ownership Tax on the vehicle listed above under C.R.S. 42-3-104(9), the Servicemembers Civil Relief Act, and the Military Spouse Residency Relief Act. I am registering this vehicle in Colorado and claiming exemption from the Specific Ownership Tax because the vehicle is located in Colorado as a result of military service. To support my claim, I further acknowledge that: • I am not a legal resident of the State of Colorado. • I am a member of the Armed Forces of the United States, serving under orders in Colorado or I am the spouse of a Servicemember serving under order in Colorado. • I am a named owner on the vehicle for which the exemption is being claimed. • This vehicle will not be used in any trade or business in the State of Colorado. Should this vehicle be used as part of a business, the vehicle will be subject to full payment of all taxes due. Execution of this claim for exemption of specific ownership tax may be completed by: • Servicemember - Military ID is required to be presented with this form, copy of orders (issued in the servicemembers name), and a current leave and earnings statement are required to be attached to this form. • Servicemember's Spouse or Agent - Copy of orders, leave and earnings statement, and Power of Attorney is required to be attached to this form. Servicemember's spouse's military ID must list the servicemember as the sponsor. I certify, under penalty of perjury, that the above statements are true and accurate to the best of my knowledge. The Department reserves the right to validate the above statements with the military installation and/or servicemembers commanding officer.			
Printed name as it appears on identification of applicant.		Signature	Date
Secure and Verifiable ID of Owner/Agent: ☐ Colorado DL ☐ Colorado ID ☐ Other _____			
ID #	Expires	DOB	
The undersigned witness affirms that the Identification described above was presented to me.			
Witness Printed Name		Witness Signature	

NOTE: Certification must be completed on reverse side.

ONE OF THE BELOW CERTIFICATIONS MUST BE COMPLETED

I. CERTIFICATION OF OFFICER OF MILITARY INSTALLATION

I certify that I am the _____ of _____
Title Unit

and that _____ is known to me to be a United
Servicemember and/or Servicemember's Spouse Name

States Armed Forces member assigned to this military installation. This information has been verified from official military records to which I have access in my official capacity.

Printed Name of Officer

Signature of Officer

Rank

Military Installation

Duty Telephone Number
()

**II. CERTIFICATION BY LEGAL ASSISTANCE OFFICER
OR NOTARY PUBLIC**

(May be used in lieu of Certification I. above)

Subscribed and sworn to/before me by _____
Name of person signing statement or lawful agent with POA

who personally appeared before me and stated under oath that he/she is the servicemember owner, servicemember's spouse or lawfully appointed agent, for the person named in this affidavit and that the contents are true to the best of his/her knowledge, this _____ day of _____, _____.

Notary Public Assigned to Legal Office, Legal Assistance Officer or Notary Public

Notary Commission Expires

(SEAL)

Military Installation or Legal Office

Units Administration Telephone Number
()

**III. CERTIFICATION BY COUNTY CLERK AND/OR COUNTY MOTOR
VEHICLE OFFICE**

**(Certification is at the County's discretion, if County chooses to not provide certification
servicemember must obtain certification from I. or II. above)**

I certify that I am the _____ of _____
Title* County

and that the servicemember or servicemember's spouse/agent has presented his/her military identification card, military orders, current leave and earnings statement, proof of the vehicle ownership, and Power of Attorney if applicable, to me for verification of exemption of specific ownership tax.

*Authorized county employee (supervisor, clerk, county legal department, etc) permitted to provide certification as determined by the county.

Printed Name of Person Providing Verification

Signature

Date