SMM Worksheet

Fleet #_____ if applicable

Unit # _____

Year_____ **Make**_____ **Model**_____ **Body Type**_____ **VIN or Serial #**_____

Weight_____ **MSRP**_____ **Purchase Price**_____ **Purchase Date**_____

Buyers Name _____ **Sellers Name** _____

Address _____ **Address** _____

City, State, Zip _____ **City, State, Zip** _____

Phone# _____ **Phone#** _____

PTO equipment is mounted equipment that only operates when the engine of the vehicle is running. PTO equipment is not registered or titled. The weight and value of the equipment is added to the vehicle on which is mounted.

Mounted equipment is equipment that was manufactured separate from the Truck or Trailer. It is permanently welded or bolted to a Truck or Trailer.

Mounted equipment that is the same year as the vehicle it is mounted to may be registered as a single piece of equipment **or** registered separately. Mounted equipment that is a different year **must** be registered separately.

Is this mounted equipment? ☐ Yes ☐ No

If yes, is the equipment the same year as the vehicle? ☐ Yes ☐ No

If yes, do you want to title and register it as a single piece of Tax Class F equipment? Yes No

How does the equipment get to the worksite?

Is the equipment hauled on a trailer or truck? ☐ Yes ☐ No

Is it self -propelled? ☐ Yes ☐ No

If yes, does it have Tracks or Tires? ☐ Tracks ☐ Tires

If it has Tires, is it driven on a road? Yes No

Driven on its own tires? ☐ Yes ☐ No

If yes, is it driven without an oversize/weight permit? Yes No

Is it DOT approved for highway use? Yes No

Is it driven more than 2,500 miles per year? Yes No

Pulled on its own tires? ☐ Yes ☐ No

If yes, is it pulled without an oversize/weight permit? Yes No

Does this vehicle need an On Highway Plate? Yes No

Does this vehicle need an Off Highway Sticker? Yes No

If the equipment is being **Registered** only, you will need a bill of sale or invoice along with this form. Sales Tax is due if it has not been collected.

If the equipment is being **Titled and Registered**, you will need an MSO, Title, invoice, Bill of Sale, or Registration if the equipment was previously registered; or a DR 2444 Statement of Fact. As well as a Vin Verification and this form. Sales Tax is due if it has not been collected.

I declare under penalty of perjury in the second degree that the above statements/information are true and correct to the best of my knowledge.

Name_____ Signature _____ Date _____

Phone: 720-523-6010
Mailing: Adams County Motor Vehicle
P.O. Box 5011
Brighton, CO 80601

4430 S Adams County Pkwy Suite E2001
Brighton, CO 80601-8215