



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

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