



COLORADO
State Patrol
Department of Public Safety



Permits and Forms

72' hour Laden Weight Trip Permits:

International Fuel Tax Agreement (IFTA) Requirements:

Special Mobile Machinery (SMM):

Colorado Hazardous Materials (HAZMAT) Permit

Passenger Mile Tax Permit

Colorado Over Size and Over Weight Permits

Special Revocable Permit (SRP)

Harvest Permits

Questions?

Port of Entry Locations and Contact Information



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Special Revocable Permit (SRP)

Special Revocable Permits are available to eligible companies operating a regularly scheduled route within 5 road miles of a port. Applications must be submitted to the Colorado State Patrol, Port of Entry section. If a permit is issued, it relieves the permit holder of the requirement to clear the specified Port of Entry, subject to the conditions of the permit. To obtain a Special Revocable Permit fill out the following application and send the application and a copy of the vehicle registration to srp@state.co.us or fax to 303-278-2434

The link for the application is here.

Harvest Permits

Questions?

Port of Entry Locations and Contact Information

CSP 485 (06/03/13)
COLORADO STATE PATROL
 MOTOR CARRIER SERVICES BRANCH
 PORT OF ENTRY SECTION
 15075 S. Golden Road
 GOLDEN, CO 80401
 PHONE (303) 273-1871
 FAX (303) 273-1939

FEIN / SSAN ACCT # _____

IFTA ACCT # _____

APPLICATION FOR SPECIAL REVOCABLE PERMIT

Date			
Name	DBA	USDOT Number	
Mailing Address	City	State	ZIP Code
Location Address	City	State	ZIP Code
Ports of Entry for which permits are requested			
Describe the route(s) or area to be traveled. Include the point of departure, point of destination, point of delivery or point of loading, direction of travel and highways to be traveled. Before a permit can be granted, the above described route or area must be approved by Port of Entry Headquarters.			
Number of Permits Requested (This number cannot exceed total number of trucks in fleet), (Registrations, PRC, & UCR Evidence, must be faxed to 303-205-5764)			
Perjury Statement			
I declare under penalty of perjury in the second degree that this application is true and correct.			
Name (please print)	Signature	Date	
Title	Phone		
FOR DEPARTMENTAL USE ONLY			
Delinquencies <input type="checkbox"/> YES <input type="checkbox"/> NO	Previous Problems <input type="checkbox"/> YES <input type="checkbox"/> NO		
Issue Date	Concurrence with Local Ports		
Overweight Reports	Number of Permits Issued		
Port of Entry Chief			Date
Special Conditions			