DR 0563 (08/30/13)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0013

130563 19999

Sales Tax Exemption Certificate
Multi - Jurisdiction

See page 2 for instructions

Last Name or Business Name	First Name	Middle Initial

Address

City	State	ZIP

I Certify That

Name of Firm (Buyer)
The Regents of University of Colorado

Address
1800 Grant Street, Suite 600

City	State	ZIP
Denver	CO	80203

Qualifies As (Check each applicable item)

☐ Wholesaler ☐ Retailer ☐ Manufacturer ☐ Charitable or Religious

☒ Political Subdivision or Governmental Agency ☐ Other (Specify)

If Other, specify here

1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is Institution of Higher Education or

2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:

☒ Political Subdivision or Governmental Agency ☐ Charitable or Religious ☐ Otherwise Exempt By Statute (Specify)

If Otherwise Exempt By Statue, specify here

City or State	State Registration or ID Number	City or State	State Registration or ID Number
City of Aurora	98-00799-0000	Colorado (Boulder campus)	98-02915-0000
Colorado	98-02565-0000	Texas	32002730391

If the list of states and cities is more than six(6), attach a list to this certificate.
I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state.

General Description of products to be purchased from seller

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature *(owner, Partner or Corporate Officer)*	Title	Date (MM/DD/YY)
Robert C Kuck	Associate Vice President/University Controller	9/4/18