DR 2680 (09/05/06)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
DRIVER CONTROL SECTION
VOICE (303) 205-5613
FAX (303) 205-8430

OUT OF STATE RESIDENCY AFFIDAVIT (§ 42-7-408, C.R.S.)

| DRIVER SECTION: to be completed by a driver under a Colorado SR22 requirement, in the presence of a Notary Public | | |
|---|---------------|----------|
| I,, do hereby attest to the following facts concerning my State of residency. 1. On/ I became a resident of the State of | | |
| Current Address | Date of Birth | |
| | | |
| City | State | ZIP Code |
| 2. I applied for a driver's license in the above state on/ I swear and attest that the aforementioned statements are true and correct, under the penalties of perjury. If I return to the State of Colorado prior to the expiration date of the SR22 requirement period, I understand that I will be required to provide | | |
| an SR22 for the balance of the period of requirement. | | |
| Signature of Driver (affidavit) | | Date |
| NOTARY PUBLIC SECTION: | | |
| Subscribed and sworn before me this day of _ | | , 20 |
| My commission expires | Seal | |
| Signature of Notary Public | | |
| DRIVER'S LICENSING OFFICIAL: to be completed by an official of the driver's licensing authority in the state of residence. | | |
| The above named person has either obtained/applied or attempted to apply for a driver's license in this state. If cleared by the State of Colorado, the driver is eligible for driving privileges in this state. | | |
| State | Date | |
| Licensing Official's Name | Title | |
| Licensing Official's Signature | Phone (|) |
| Mailing Address | | |
| City | State | ZIP Code |