DR 2153 (11/13/07)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
INVESTIGATIONS UNIT
1881 PIERCE STREET, ROOM 136
LAKEWOOD, COLORADO 80214
(303) 205-8383

AFFIDAVIT OF
COLORADO DRIVER'S LICENSE
OR ID THEFT

Take **(DO NOT MAIL OR FAX)** this completed, notarized form
with a police report to a driver's license office to apply for a license or ID with a new number (PIN).

VICTIM IDENTIFICATION

Note: Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

FULL LEGAL NAME

First	Middle	Last	☐ Jr. ☐ Sr. ☐ III

NAME (IF DIFFERENT FROM ABOVE) WHEN THE EVENTS DESCRIBED IN THIS AFFIDAVIT TOOK PLACE

First	Middle	Last	☐ Jr. ☐ Sr. ☐ III

Date of Birth	Social Security Number	Driver's license or Identification card number (PIN)

CURRENT ADDRESS

Address	City

State	ZIP Code	Beginning date of residence at this address:
		Month Year

ADDRESS (IF DIFFERENT FROM ABOVE) WHEN THE EVENTS DESCRIBED IN THIS AFFIDAVIT TOOK PLACE

Address	City

State	ZIP Code	Beginning and End date of residence at this address:
		From: Month Year **To:** Month Year

Current Daytime Telephone Number	Current Evening Telephone Number

HOW THE FRAUD OCCURRED

Check all that apply for items 1-6:

☐ **1.** I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.

☐ **2.** I did not receive any benefit, money, goods or services as a result of the events described in this report.

☐ **3.** My identification documents (for example, credit cards, birth certificate, driver's license, Social Security card, etc.) were

☐ stolen ☐ lost on or about _____ (month/day/year)

☐ **4.** To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization:

Name	Address (if known)

Phone Number(s)	Additional Information

Name	Address (if known)

Phone Number(s)	Additional Information

☐ **5.** I do **not** know who used my information or identification documents to get money, credit, loans or services without my knowledge or authorization.

☐ **6.** Additional comments (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)

_____

_____

_____

_____

_____ (Attach additional pages as necessary.)

VICTIM'S LAW ENFORCEMENT ACTIONS

☐ **7.** My signature below indicates that I am willing to assist in the prosecution of the person(s) who committed this fraud.

☐ **8.** My signature below authorizes the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the persons who committed this fraud.

☐ **9.** (check all that apply) I have reported the events described in this affidavit to the police or other law enforcement agency. The police ☐ did ☐ did not write a report. Please complete the following:

Agency Number 1	Officer/Agency personnel taking report	Date of report
Report number, if any	Phone number	E-mail address, if any
Agency Number 2	Officer/Agency personnel taking report	Date of report
Report number, if any	Phone number	E-mail address, if any

Please indicate the supporting documentation you are able to provide. Attach copies (NOT originals) to the affidavit. A copy of the report filed with the police or sheriff's department is attached.

SIGNATURE

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge. I understand that if I give a false statement, my driver's license or identification card may be canceled and denied, in accordance with § 42-2-122, C.R.S. I also understand that if I am convicted of perjury in the first or second degree, the Department shall immediately revoke my driver's license or identification card, in accordance with § 42-2-125, C.R.S.

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

Signature _____ Date signed _____

Subscribed and sworn to before me in the County of _____ , State of Colorado,

this_____ day of _____ , 2 _____

Notary Public _____ My commission expires _____