

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

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|---|----------------|---------------|
| 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. <small>(please print full name)</small> | | |
| 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 |

**IN ORDER FOR OUR DEPARTMENT TO ACCEPT THIS FORM,
 ALL 3 SECTIONS MUST BE COMPLETED IN FULL.**