DR 2538 (06/13/11)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
REGISTRATION SECTION
www.colorado.gov/revenue

MEDICAL HARDSHIP LATE FEE EXEMPTION AFFIDAVIT

C.R.S. 42-3-112(1.5)(a) and Code of Colorado Regulation 1 CCR 204-10 Rule 44. Late Fee Exemption

Vehicle Owner Information

Last Name	First Name	Middle Initial

Address

City	State	ZIP

Vehicle Information

VIN	License Plate Number

Year	Make	Body	Model

"Medical Hardship" means medical care, treatment, service and/or medical incapacitation certified by a medical professional that prevented a person from utilizing available methods provided for completing the registration, temporary registration permit, or renewal of vehicle registrations within statutory time requirement for a vehicle for which the person is a named owner.

Pursuant to C.R.S. 42-3-112(1.5)(a) and the Code of Colorado Regulation 1 CCR 204-10 Rule 44. Late Fee Exemption, I am claiming a medical hardship exemption of the late fee being assessed to the vehicle listed above.

I certify, under penalty of perjury, that I am the owner of the vehicle and the above statements are true and accurate to the best of my knowledge.

Owner's Printed Name

Signature	Date

Medical Professional Certification

Name of Medical Professional	License Number

Address

City	State	ZIP

The person listed above was under my medical care, treatment or service and/or was medically incapacitated from completing a vehicle titling, registration, temporary registration permit or renewal transaction due to this medical care, treatment, service and/or incapacitation for the period of :

Beginning Date_____ Ending Date_____

***Note: Medical professional should not include Health Insurance Portability and Accountability Act (HIPAA) protected information or details on the person's medical care, treatment, service, or incapacitation on this form.**

I certify, under penalty of perjury, that the above statements are true and accurate to the best of my knowledge

Medical Professional's Signature	Date