DR 2717 (07/25/06)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
DRIVER CONTROL SECTION ROOM 164
(303) 205-5613

EVIDENCE OF INSURANCE

Name and Address		Case Number	
		Driver's License Number	
	,	Date of Birth	Phone Number
	C LIABILITY INSURANCE MUST BE FILED WI'REINSTATED. (§42-7-406(2),C.R.S).	TH THIS DEPARTMENT BEFO	ORE YOUR DRIVING
Name of Insurance Company		Address of Insurance Company	
Policy Number		Policy Period (from)	(to)
as defined in Colorado n	notor vehicle statutes affording limits of \$25,000/\$	\$50,000 bodily injury and \$15,00	
NOTARY	Subscribed and affirmed, or sworn to, before me this of		
SEAL	Notary Public Signature		Commission Expiration Date