DR 2478 (02/27/23)
COLORADO DEPARTMENT OF REVENUE

Division of Motor Vehicles Driver Control Section PO Box 173350, Room 164 Denver CO 80217-3350 Phone: 303-205-5613 DMV.Colorado.gov

Driver Record Statement of Fact

Requestor Information

Last Name	First Name		Middle Name		
Date of Birth	Driver's License Number		Driver's License State		
Street Address					
City				State	ZIP Code
Telephone Number	Email Address				
Statement					

I certify under penalty of perjury in the second degree, that the above facts are true and correct to the best of my knowledge.

Signature Date Signed