

Non-Certified Search Fee - \$9.25
Certified Search Fee - \$10.25

Request for an Out-of-State No Match/Clearance Letter

Driver Privacy Protection Act (18 USC 2721) Colorado §24-72-204, §42-1-206(1)(b)(I),
§42-1-206(1)(b)(II)(7)(a) and (7)(b)(XIII), C.R.S.

Information of Person Requesting No Match/Clearance Letter

Last Name	First Name	Middle Name
Additional Last Names (If Applicable)		Date of Birth (MM/DD/YY)
Mailing Address		
City	State	ZIP Code
Height	Weight	Eye Color
Driver License Number or ID Number		Last 4 of SSN
Additional Information (Phone Number or Email Address)		

- Include at least one: **Photo Copy of License/Identification Card/Passport**
- If additional space is needed attach a Statement of Fact (DR 2478)

Mail request for an Out-Of-State Clearance Letter to:

☐ Check box if same information as above

Last Name	First Name
Mailing Address	
City	State
Driver License Number or ID Number	Company (If Applicable)

Statement of Fact

(Description of the circumstances for which you need a clearance letter, please print):

I certify under penalty of perjury in the second degree, that the above facts are true and correct to the best of my knowledge. I further attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law, and authorize the mailing of my record and/or any related documentation to the individual indicated above (if not myself).

Signature of Requestor

Date (MM/DD/YY)

Signature of Parent or Guardian if Driver is a Minor

Date (MM/DD/YY)