

Non-Certified Search Fee - \$9.25

Certified Search Fee - \$10.25

☐ Certified Record

Driver Record Requestor Release and Affidavit of Intended Use

Records and/or other requests are available at 3265 S. Wadsworth Blvd. #3A, Lakewood, CO 80027. The Department or the Department's authorized agent shall deny inspection of any driver record to any person, other than a person in interest, or a federal, state, or local government agency carrying out its official functions, who has not signed and returned the Affidavit of Intended Use. (§42-1-206 and §24-72-204, C.R.S., §24-74-105 C.R.S. and §24-74-106 C.R.S.) (Driver Privacy Protection Act 18 U.S.C. 2721). Unless noted in Section 2, to purchase a record other than your own, you must declare your intended use of that record, paraphrased below in Section 4 or you must have the signature of the person in interest authorizing you to inspect the record on the DR 2559 (Permission to Release Driver Records to Self or Another Person form).

(For mailed requests, please allow 7-10 working days to process after received by Department)

Section 1: Person In Interest

☐ 7 Year Driver Record ☐ Crash Report (complete section below)

☐ Full Driver Record ☐ Other

☐ Express Consent Packet: Date of Stop

Case Number

Name of Driver

Driver License Number

Date of Birth

Crash Information (Driver's information section must be completed)

Police Department

Report Number or Case Number

VIN

Date of Crash

Crash Location

City/County

Required: Per §24-74-105 C.R.S., Is this request being completed for the purpose of investigating for, participating in, cooperating with, or assisting in Federal Immigration Enforcement?

☐ Yes, please submit a copy of the warrant, court order or subpoena.

☐ No

Section 2: Permissible Use: (Check 1 Box Only)

Note - the DR 2478 is required unless where indicated.

- ☐ By a government agency, including any court or law enforcement agency performing its functions for an approved purpose under DPPA. Section 4 (DR 2478 Driver Record Statement of Fact) is not required.
- ☐ By an agency charged with driver/motor vehicle safety or theft including: MV product alterations, recalls, advisories, MV performance monitoring, MV parts/dealers, MV market research or surveys, removal of non-owner records from original owner records of MV manufacturers.
- ☐ By a business that will use the information to verify the accuracy of personal information submitted by individuals, but only for the purposes of preventing fraud, pursuing legal remedies against or recovering a debt or security interest.
- ☐ In connection with a civil, criminal, administrative or arbitral proceeding in any court or before a self-regulatory body, including service of process, investigation, execution or enforcement of judgment, or pursuant to a court order.
- ☐ In research activities, so long as the information is not published, redisclosed, or used to contact the parties.
- ☐ By an insurer or insurance support agency in connection with claims, investigations, anti-fraud activities, rating or underwriting.
- ☐ By an employer/agent or insurer of a Commercial Driver's License holder. (CDLIS or CMV record) Section 4 (DR 2478 Driver Record Statement of Fact) is not required.
- ☐ Other as permissible pursuant to §24-72-204 (7) C.R.S.

Section 3 - Requestor's Information

If you are acting as an agent for an authorized user, you must identify the company or entity on whose behalf you are requesting the record. Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law. In order for this request to be completed, all fields in this section must be filled out.

Signature

Date (MM/DD/YY)

Printed Name

Phone Number

Driver License Number

State

Date of Birth (MM/DD/YY)

Name of Company Represented

Email Address

Requestor Mailing Address

City

State

ZIP Code

Driver Record Statement of Fact

Requestor Information

Last Name

First Name

Middle Name

Date of Birth

Driver License Number

Driver 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