DR 2090 (08/31/16) **COLORADO DEPARTMENT OF REVENUE** Division of Motor Vehicles Driver Control Section, Room 164 PO Box 173350 Denver, CO 80217-3350

## Waiver of Security Financial Responsibility

				FRA Cas	e Number
• If claimant is a corporation, waiver must be signed by an officer or authorized agent. Show title of person signing.					
• Waivers from insurance companies must show that the claim has been subrogated. This must be signed by a representative of the insurance company or the claimant and insurance representative.					
• A waiver must be signed by each person injured or by each person who received property damage.					
Claimant's Name					Date of Accident
Debtor's Name		Driver's License Number			Date of Birth
Address					
An agreement has been made for the settlement and payment of damages claimed as a result of the motor vehicle accident shown above.					
As part of the agreement, claimant has waived the requirement that debtor be required to deposit or maintain a deposit of security under the Financial Responsibility Law § 42-7-301, C.R.S.					
I understand that by signing this waiver, I have not given up any of my rights to collect the amount due on this claim.					
Claimant's Signature					Date
Title					
Subscribed and Affirmed, or Sworn to, Before Me					
Date	County		State of:		
Notary Signature		C	Commission Expiration Date		