DR 2478 (09/07/12)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
DRIVER CONTROL
DENVER CO 80261-0016
(303) 205-5613

Driver Record Statement of Fact

| | Request | or information | | | DL State |
|---|-----------------|----------------|-------------------------|--------------|----------|
| Name: (First, Middle, Last) | | Date of Birth | Driver's License Number | cense Number | |
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| Address | | | | | |
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| City | | State | Zip | Code | |
| Telephone Number Email Address | | | | | |
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| 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 | | | | | |
| Signature | | | | Date Signed | ~3 |
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