



## Affidavit of Enrollment Level II Drug and Alcohol Education and Treatment

This Section to be Completed and Returned to The DMV Driver Control Section		
Name	Date of Birth	Colorado PIN
Date of Admission	Agency Name	Agency ID
Track Assigned	Estimated Date of Completion	
Signature of Authorized Staff Member	Date	Agency's Phone Number
<p>1. As a condition for the reinstatement of driving privileges, I must complete a Level II alcohol and drug education and treatment program. I understand that the agency providing this service is required to report any noncompliance with the terms of such program and that a report of noncompliance may result in cancellation of my driver's license and denial to reapply until evidence of successful completion of a licensed education and treatment program is provided and any other reinstatement requirements are met.</p> <p>2. If notice of noncompliance is received by the Division of Motor Vehicles - Driver Control Section from the agency listed above, one of the following documents must also be received <b>within 20 days</b>.</p> <ul style="list-style-type: none"> <li>• <b>Notice from that agency that the terms and conditions of the program are now being met.</b></li> <li>• <b>A discharge referral summary indicating successful completion of a Level II education and treatment program from the agency listed above.</b></li> <li>• <b>A new Affidavit of Enrollment indicating admission to another licensed Level II program.</b></li> </ul> <p style="text-align: center;"><b><i>Failure to provide these documents will result in cancellation and denial of driving privilege.</i></b></p>		
Signature of Applicant		Date

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### This Section to be Retained in The Records of The Agency Providing Level II Education and Treatment Program

Client Name	Date of Birth	
Track Assigned	Estimated Date of Completion	Colorado PIN
<p>Pursuant to §42-2-144, C.R.S. the following information must be forwarded to the Division of Motor Vehicles, Driver Control Section regarding this client.</p> <ul style="list-style-type: none"> <li>• <b>Report of noncompliance with the terms and conditions of this program - within 5 days of occurrence.</b></li> <li>• <b>Report of completion of program with a discharge referral summary showing: admission date, discharge date, and indicating successful completion of track assigned - not more than 20 days following completion date.</b></li> <li>• <b>Report of compliance with terms and conditions of program - quarterly.</b></li> </ul>		