DR 2680 (10/10/25)
COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
Driver Control Section; Room 164
Voice (303) 205-5613
Fax (303) 205-5625
https://dmv.colorado.gov/forms-and-publications-1

Out of State Residency Affidavit (§ 42-7-408, C.R.S.)

In Order For our Department to Accept This Form, **All 3 Sections** Must be Completed in Full.

Driver Section

To be completed by a driver under a Colorado SR22 requirement, in the presence of a Notary Public

I, Please Print Full Name _____ do hereby attest to the following facts concerning my State of residency.

1. On Date (MM/DD/YY) _____ I became a resident of the State of State _____ .

Current Address _____

City _____ State _____ ZIP Code _____ Date of Birth (MM/DD/YY) _____

2. I applied for a driver's license or ID in the above state on Date (MM/DD/YY) _____ .

I swear and attest that the aforementioned statements are true and correct, under the penalties of perjury. If I return to the State of Colorado prior to the expiration date of the SR22 requirement period, I understand that I will be required to provide an SR22 for the balance of the period of requirement.

Signature of Driver (affidavit) _____ Date (MM/DD/YY) _____

Notary Seal

Subscribed and affirmed, or sworn to before me in the

County of _____ State of _____

this _____ day of _____, 20 _____

Notary Signature _____

Commission Expiration Date _____

Driver's Licensing Official

To be completed by an official of the driver's licensing authority in the state of residence.

The above named person has either obtained/applied or attempted to apply for a driver's license in this state. If cleared by the State of Colorado, the driver is eligible for driving privileges in this state.

Licensing Official's Name

Title	State	Date (MM/DD/YY)

Mailing Address

City	State	ZIP Code	Phone Number

Licensing Official's Signature