

Colorado Road and Community Safety Act (CO-RCSA) Affidavit

Applicant Full Legal Name

Date of Birth (MM/DD/YY)

Current Address

City

State

ZIP Code

Current Phone Number

Country of Birth

By signing below, I hereby affirm under the penalty of second degree perjury that the information provided above is my own. C.R.S. 18-8-503(1)

Additionally, I affirm that I am currently a resident of Colorado. C.R.S. 42-2-505(1)(b)

I understand that it is a criminal offense to knowingly provide false information to the Colorado Department of Revenue, punishable by fines, incarceration, and/or loss of driving privileges or identification card.

Applicant Signature

Date