

Voluntary Disability Disclosure to a Peace Officer

Pursuant to Colorado Revised Statute (C.R.S.) 42-3-113(9.5) and Code of Colorado Regulation 1 CCR 204-10 Rule 25 Persons with Disabilities Parking Privileges, an owner of a vehicle that is also a person with disability for which that disability interferes with the person's ability to effectively communicate with a peace officer may request that the Division of Motor Vehicles make the disability information available to law enforcement. The vehicle owner may also request to disclose to law enforcement when the vehicle has a regular passenger with a disability that interferes with the regular passengers ability to effectively communicate with a peace officer.

Provide this completed form and professional certification to your County Motor Vehicle office to have the disclosure provided to law enforcement.

Owner Declaration

Vehicle Owner Name

Street Address

City

State ZIP Code

Vehicle owner must sign either one of the statements below or both depending on the declarations being completed.

I have a disability as defined in the federal "Americans with Disabilities Act of 1990", 42 U.S.C. Sec. 12101 et seq., and the disability interferes with my ability to effectively communicate with a peace officer. I request that the Division of Motor Vehicles provide this information to law enforcement.

Signature of Vehicle Owner with Disability

Date (MM/DD/YY)

I do not have a disability but have a regular passenger in the vehicle(s) below that does wish to disclose to law enforcement or in addition to my disability declaration I also have a regular passenger to disclose on the vehicles below.

Signature of Vehicle Owner Date

Date (MM/DD/YY)

Vehicle Declaration

I am the registered owner or have a regular passenger in the vehicles listed below that should be included in the disclosure to law enforcement. (if more vehicles please list on the back of this form)

Vehicle VIN

Year Make

Model

Vehicle VIN

Year Make

Model

Vehicle VIN

Year Make

Model

Professional Certification

Certification required for owner and passenger.

Full Name

License or Certificate Number

Issuing US State

Street Address

City

State ZIP Code

I certify, under penalty of perjury in the second degree, that the person named above has a disability as defined in the federal "Americans with Disabilities Act of 1990", 42 U.S.C. Sec. 12101 et seq., **and the disability interferes with the person's ability to effectively communicate with a peace officer.**

Signature of Professional

Date (MM/DD/YY)