DR 2314 (05/10/23)
COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
Driver Control Section, Room 164
P.O. Box 173350
Denver CO 80217-3350

Affidavit of Financial Responsibility

Name Affidavit of Financial Responsibility		
Driver's License Number		Date of Birth (MM/DD/YY)
Street Address		
City		State ZIP Code
Date of Accident		
	ver license suspension under the Financial R vledge one of the following statements:	Responsibility Act §42.7-301
Please check only one	box	
•	responsible for any damages or injuries to ar nd that if the department receives information imediately.	
or		
_	en three years since the motor vehicle accide vithin the three years as a result of this accide	•
I must maintain future pro	oof of liability insurance in the form of an SR 2	22 for 3 years.
Signature		Date (MM/DD/YY)
Subscribed and affirmed,	, or sworn to before me in the	
County of	State of	
this	day of	, 20

Commission Expiration Date

Notary Signature