

Medical Hardship Late Fee Exemption Affidavit

C.R.S. 42-3-112(1.5)(a) & Code of Colorado Regulation 1 CCR 204-10 Rule 44. Late Fee Exemption

Vehicle Owner Information

Last Name First Name Middle Initial

Address

City State ZIP Code

Vehicle Information

Vehicle Identification Number (VIN) License Plate Number

Year Make

Body Model

“Medical Hardship” means medical care, treatment, service and/or medical incapacitation certified by a medical professional that prevented a person from utilizing available methods provided for completing the registration, temporary registration permit, or renewal of vehicle registrations within statutory time requirement for a vehicle for which the person is a named owner.

Pursuant to C.R.S. 42-3-112(1.5)(a) and the Code of Colorado Regulation 1 CCR 204-10 Rule 44. Late Fee Exemption, I am claiming a medical hardship exemption of the late fee being assessed to the vehicle listed above.

I certify, under penalty of perjury in the second degree, that the above facts are true and accurate to the best of my knowledge.

Owner's Printed Name

Signature

Date (MM/DD/YY)

Medical Professional Certification

Name of Medical Professional

License Number

Address

City

State ZIP Code

The person listed above was under my medical care, treatment or service and/or was medically incapacitated from completing a vehicle titling, registration, temporary registration permit or renewal transaction due to this medical care, treatment, service and/or incapacitation for the period of:

Beginning Date

Ending Date

***Note: Medical professional should not include Health Insurance Portability and Accountability Act (HIPAA) protected information or details on the person's medical care, treatment, service, or incapacitation on this form.**

I certify, under penalty of perjury in the second degree, that the above facts are true and accurate to the best of my knowledge.

Medical Professional's Signature

Date (MM/DD/YY)