

# 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

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

Please Print Full Name

I, \_\_\_\_\_ do hereby attest to the following facts concerning my State of residency.

Date (MM/DD/YY)

State

1. On \_\_\_\_\_ I became a resident of the State of \_\_\_\_\_.

Current Address

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

Date (MM/DD/YY)

2. I applied for a driver's license or ID in the above state on \_\_\_\_\_.

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

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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

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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