DR 2090 (10/23/24) **COLORADO DEPARTMENT OF REVENUE** Division of Motor Vehicles **Driver Control Section** P.O. Box 173350 Denver CO 80217-3350

Waiver of Security Financial Responsibility

- · If claimant is a corporation, waiver must be signed by an officer or authorized agent. Show title of person signing.
- · Waivers from insurance companies must show that the claim has been subrogated. This must be signed by a representative of the insurance company or the claimant and insurance representative.
- A waiver must be signed by each person injured or by each person who received property damage.

| Claimant's Name | | Date of Crash |
|--|---------------------------------|----------------------|
| Debtor's Name | Driver's License Number | Date of Birth |
| Street Address | | |
| City | | State ZIP Code |
| An agreement has been made for the settlement and payment of damages claimed as a result of the motor vehicle crash shown above. | | |
| As part of the agreement, claimant has waived the requirement that debtor be required to deposit or maintain a deposit of security under the Financial Responsibility Law § 42-7-301, C.R.S. | | |
| I understand that by signing this waiver, I have due on this claim. | not given up any of my rights t | o collect the amount |
| Claimant's Signature | | Date (MM/DD/YY) |
| Title | | |
| | | |
| Subscribed and affirmed, or sworn to before me in the | | |
| County of | State of | |
| this | day of | , 20 |
| Notary Signature | Commission Expiration Date | • |