DR 2314 (10/30/24)

COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
Driver Control Section
P.O. Box 173350
Denver CO 80217-3350

Affidavit of Financial Responsibility

Name	Amuavit of Financial Respons	ibility
Driver's License Number		Date of Birth (MM/DD/YY)
Street Address		
City		State ZIP Code
Date of Crash		
	iver license suspension under the Financial R wledge one of the following statements:	esponsibility Act §42.7-301
Please check only one	box	
	responsible for any damages or injuries to ar that if the department receives information that ediately.	
or		
•	een three years since the motor vehicle crash n the three years as a result of this crash.	and no action for damages has
I must maintain future pr	oof of liability insurance in the form of an SR 2	22 for 3 years.
Signature		Date (MM/DD/YY)
Subscribed and affirmed	I, or sworn to before me in the	
County of	State of	
this	day of	, 20

Commission Expiration Date

Notary Signature