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DEPARTMENT OF REVENUE

2316 ()

COLORADO

DIVISION OF MOTOR VEHICLES

DRIVER CONTROL SECTION

DENVER CO 80261-0016

(303) 205-5613

FINANCIAL RESPONSIBILITY REQUIREMENTS

SECTION A

In order to show compliance with the Financial Responsibility Act prior to a suspension being ordered, you must comply with one of the following:

1. Show evidence that the vehicle involved in the accident was insured at the time of the accident.
2. Submit a Form DR 2100 Release from Liability or Form DR 2090 Waiver of Security Financial Responsibility. The form must be signed by all parties who suffered injury in the accident or received property damage. The form also needs to be notarized.
3. Submit a Form DR 2314 Affidavit of Financial Responsibility indicating that you are not responsible for damages to any other person or property and file future proof of automobile liability insurance in the form of an SR 22 for three years. The SR 22 form is obtained from your insurance company.
4. Present evidence that you were adjudicated in Civil Court not liable for damages in the accident. The police officer's report is not evidence of being adjudicated not liable.
5. Submit a surety company bond or cash deposit for the amount of damages to the other party(ies) in the accident and submit a filing of future proof of automobile liability insurance in the form of an SR 22 to Driver Control. The SR 22 form is obtained from your insurance company. The amount of damages can be obtained by contacting Driver Control at (303) 205-5613.
6. Submit discharged bankruptcy papers naming the other party(ies) in the accident who suffered injury or received property damage.
7. Submit a notarized Form DR 2567 Promissory Note Contract, provided by this department, signed by all parties who suffered injury or received property damage in the accident and submit a filing of future proof of automobile liability insurance in the form of an SR 22 to the Driver Control Section. The SR 22 form is obtained from your insurance company.

SECTION B

In order to show compliance with the Financial Responsibility Act after the suspension has become effective you must comply with one of the following:

1. Compliance with any one of the items listed in Section A, above, plus submit a filing of future proof of automobile liability insurance in the form of an SR 22 and payment of a \$95.00 reinstatement fee. The SR 22 form is obtained from your insurance company.

OR

2. After three years have passed from the date of the accident, submit Form DR 2314 Affidavit of Financial Responsibility, a filing of future proof of automobile liability insurance in the form of an SR 22 and payment of a \$95.00 reinstatement fee. The SR 22 form is obtained from your insurance company.

If you have any further questions please call Driver Control at (303) 205-5613. Forms DR 2090, DR 2100, DR 2314 and DR 2567 are available at any Driver's License Office, or can be downloaded from our web site at www.revenue.state.co.us/mv_djrmrap.asp?incl=ds



Affidavit of Financial Responsibility

		FRA Case Number
Name	Driver's License Number	DOB
Address		
	State	
Date of Accident		
<p>PLEASE CHECK ONLY ONE BOX</p> <p><input type="checkbox"/> I certify that I am not responsible for any damages or injuries to any other party as a result of this accident. I understand that if the department receives information that I owe damages, my license will be suspended immediately and that I must maintain future proof of liability insurance in the form of an SR 22 for 3 years.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> I certify that it has been three years since the motor vehicle accident, no suits are pending that were instituted within three years from the date of the accident, and there are no unpaid judgments as a result of this accident.</p>		
Signature		Date
	Subscribed and affirmed, or sworn to, before me this _____ day of _____, 20 ____	
	in the County of _____, State of _____.	
	Notary Signature	
Commission Expiration Date		

CHANGE OF ADDRESS

(please type or print legibly—information must be complete and accurate)

Write your new address legibly on the back of your license. If you are a registered voter, be certain to complete and sign the bottom portion of this form for voter registration address change. Return this document to any Colorado Driver's License Office or

Mail completed form in an ENVELOPE to the following address: Division of Motor Vehicles
Drivers Control Section
Denver, CO 80261-0016

Note: Vehicle Registration address changes must be done in the county motor vehicle office in the county in which you reside.

Name (first, middle, last)	Date of Birth		Driver's License Number or I.D. Number
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New Resident Address

City	State	ZIP Code	County
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Former Resident Address

City	State	ZIP Code	County
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New Mailing Address (if different from resident address)

City	State	ZIP Code	County
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Former Mailing Address (if different from former resident address)

City	State	ZIP Code	County
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I swear and affirm, under penalty of perjury that the above information is true and correct.

Applicant's Signature	Date
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1. Please print your new address on the back of your license in the designated area.
2. Place this form in a stamped envelope and mail to the address above, or
3. Deposit in Address Change Drop Box at your nearest Driver's License Office.

FOR VOTER REGISTRATION [REDACTED] [REDACTED] [REDACTED]

Is the above change of address also for voter registration purposes?	Are you a citizen of the U.S.?	I, _____,
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Party Affiliation

Republican Democrat Unaffiliated

Political Organization _____

do solemnly affirm that I am a citizen of the United States and that on the date of the next election I shall have attained the age of eighteen years, and shall have resided in the state of Colorado at least 30 days and in my present precinct at least 30 days before the election. I further affirm that the present address I listed herein is my sole legal place of residence and that I claim no other place as my legal residence.

Do you wish to be designated as a Permanent Mail-in Voter?

"Warning: It is a class 1 misdemeanor to affirm falsely as to your qualifications to register to vote." (Section 1-2-213(2)(a), C.R.S.)
If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration statistics purposes. (Section 1-2-213(2)(c), C.R.S.)

Voter Registration Applicant Signature	Date
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IDENTIFICATION (Required)
DO NOT LEAVE THIS SECTION BLANK

Pursuant to Federal Law, your completed voter registration form must contain your State of Colorado Driver's License Number or your Dept. of Revenue Identification Number. If you do not have a Driver's License or Dept. of Revenue Identification Number, then you must provide the last four digits of your Social Security Number. If you do not have a Driver's License Number, a Dept. of Revenue Identification Number, or a Social Security Number, you must check the appropriate boxes. A unique identifying number will be assigned to you by the State and you will still be registered to vote.

NOTE: If the identification section is left blank and you do not check the boxes indicating you do not have identification, you will not be registered to vote.

Colorado Driver's License Number

Department of Revenue ID Number

[] [] [] []

[] [] [] []

[] [] [] []

OR

[] [] [] []

[] [] [] []

[] [] [] []

I do not have a Colorado Driver's License or Dept of Revenue Identification Number

OR

If you do not have a Colorado Driver's License, or a Department of Revenue Identification Number, then provide at least the last four digits of your Social Security Number.

Social Security Number

[] [] [] []

[] [] [] []

[] [] [] []

I do not have a Social Security Number.

2717 (07/25/06)

COLORADO

DIVISION OF MOTOR VEHICLES

DRIVER CONTROL SECTION ROOM 164

(303) 205-5613

EVIDENCE OF INSURANCE

(filame and Address

EVIDENCE OF PUBLIC LIABILITY INSURANCE MUST BE FILED WITH THIS DEPARTMENT BEFORE YOUR DRIVING PRIVILEGE WILL BE REINSTATED. (§42-7-406(2),C.R.S).

Case Number
Drivers License Number
Date of Birth Phone Number
Address of Insurance Company
Policy Period (from)

Name of Insurance Company

Policy Number

certify that I am Insured under an automobile liability policy as defined in Colorado motor vehicle statutes affording limits of bodily injury and \$15,000 property damage.

Signature

Subscribed and affirmed, or sworn to, before me this ___ day of _____ 20___, in the County of _____, State of _____.
NOTARY SEAL
Notary Public Signature
Commission Expiration Date

WELD COUNTY (970) 353-3840
 4209 WELD COUNTY RD 24 1/2 (720) 652-4201
 330 PARK AVENUE (303) 857-4635
 1402 N 17th AVENUE (970) 353-3840
HOURS: 7:30 AM - 5:00PM Monday - Friday

LARIMER COUNTY (970) 498-7878
 1501 BRODIE AVENUE (Monday - Friday 8:00 am - 4:30 pm)
 200 W OAK STREET (Monday - Friday 8:00 am - 5:00 pm)
 205 E 6th STREET (Monday - Friday 8:00 am - 5:00 pm)
HOURS: SEE EACH LOCATION BELOW

JEFFERSON COUNTY (303) 271-8100
 7:30 AM - 5:30 PM Monday, Tuesday, Thursday
 8:30 AM - 4:30 PM Mon, Wed, Fri
HOURS: 7:30 AM - 5:30 PM Tuesday, Thursday

EL PASO COUNTY (719) 520-6240
 200 S CASCADE AVENUE (PO BOX 2007)
 5650 INDUSTRIAL PLACE
 1710 BRIARGATE BLVD #350
HOURS: 7:00 AM - 4:30 PM Monday - Friday

DOUGLAS COUNTY (303) 660-7440
 7:00 AM - 5:30 PM Monday - Friday
 aNOLSA-3Y ZZS91 8-3YUUV (0981) xoe Od) 1-3-281s XOOIIM XOO 301 YOOB ausvo

DENVER COUNTY (303) 376-2200
 4685 PEORIA STREET
 2736 WELTON STREET
 3698 W 44th AVENUE, SAFEWAY SHOPPING CENTER
 3100 S SHERIDAN BLVD, BEAR VALLEY SHOPPING CENTER
HOURS: 8:00 AM - 5:00 PM Monday - Friday

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BOULDER COUNTY (303) 413-7710
 1750 33rd STREET
 529 COFFMAN STREET #110
 722 MAIN STREET
HOURS: 8:00 AM - 4:30 PM Monday - Friday

ARAPAHOE COUNTY (303) 795-4500
 490 SOUTH CHAMBERS RD, CITY CENTER MARKET PLACE
 5334 SOUTH PRINCE
 N gcs
 uadoa 9€ AMH
 we oo:g — uow eud oc:t — UOON wol/ pas010 'V — uow tud 00.' L — — Ft
HOURS: 7:00 AM - 4:30 PM Monday - Friday

HOURS: 7:00 AM - 5:00 PM Monday - Friday

ADAMS COUNTY (303) 654-6010

3449 N CHAMBERS ROAD
450 S 4TH AVENUE
4201 E 72ND SUITE A
12200 N PECOS STREET, Western Service Center
5150 FRONT RANGE PKWY, STE G
Open Wed & Thurs ONLY 8:00 am - 4:30 pm
8452 FEDERAL BLVD

AURORA
BRIGHTON
COMMERCE CITY
NORTHRIDGE
WATKINS
NORTHMINSTER

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You are ADVISED of the Following Matters:

Driving Under Restraint

1. You are not permitted to drive a motor vehicle while under Restraint. It is illegal for you to drive. Should you do so and be stopped by law enforcement or are involved in an accident, you can be cited for Driving under an Alcohol Related Restraint. A Conviction for this offense has harsh penalties, including a minimum mandatory 30 day jail sentence, up to \$1000.00 in fine and a one year extension on the restraint of your driving privilege. In this situation, there is no possibility of a probationary driving privilege. Points Suspensions The points for these violations remain on your record for two years as an adult driver, and up to three years for a driver under the age of 21, and may be used in calculating a points suspension under Colorado Revised Statutes 42-2-127. based on a 24 month or a 12 month theory. If this should occur, a second probationary license is unlikely for the second suspension. Right to Appeal Pursuant to C.R.S 420-135, you have 30 days in which to appeal this decision in the District Court in which you live.

First Excess B.A.C. 0.08 Driving Offenses, Effective 1/1/09

CALL DRIVER SERVICES AT 303.205.5613 TO CONFIRM YOUR REQUIREMENTS

REVOCATION: Your first episode of driving with a B.A.C. of 0.08 or greater results in a 9-month revocation.

e The revocation remains in effect until you complete the reinstatement process.

- ALL Excess B.A.C. reinstatements are processed by mail. You should begin the reinstatement process approximately 1 month before you expect to reinstate.

e If you were 21 or older at the time of the violation and have no other unsatisfied license restraints, you may reinstate after only 1 month of revocation provided you install an Ignition Interlock Device (Interlock) in every vehicle you own or may drive.

- If your B.A.C. was below 0.17, you reinstate early, drive only an Interlock vehicle and do not have any B.A.C. when you drive, you may be eligible for an unrestricted license after 4 continuous months of successful driving.

REINSTATEMENT (9-month revocation): You must

1. provide an SR22 from your insurance company and maintain it for 9 months following reinstatement (3 years if you were involved in an accident or if you reinstate early);
2. complete an Alcohol Certification, Form DR2598;
3. complete an Application for Reinstatement, DR2870; and,
4. mail the SR22, the Alcohol Certification and the Application along with your personal check or money order for \$95 to the address provided on the Application.

EARLY REINSTATEMENT (1-month revocation plus 8-month Interlock): In addition to items 1-4, you must maintain the SR22 for a minimum of 3 years regardless of whether there was an accident and

5. have an Interlock installed in every vehicle you either own or may drive (call any provider for appt.);
 - include the notarized Restricted License Ignition Interlock Agreement Affidavit, DR2058, and
 - include a signed copy of each interlock lease agreement and each installation certificate.

HIGH B.A.C. OFFENDER: In addition to items 1, 3 & 4 (and 5 if you reinstate early), if your B.A.C. was 0.17 or more, whether or not you reinstate early, you must

6. enroll in and complete Level II Alcohol Education and Therapy; include the Affidavit of Enrollment, DR 2643. (Omit Item 2 above.)
7. have an Interlock restricted license for at least 2 years following reinstatement.

Please allow 3 weeks for processing once you mail in your Application with ALL required documents, Once your Application is processed, you will receive a Letter of Clearance. You MUST then apply for a License at any Colorado Driver License Office. For further assistance. call Driver Services at 303.205.5613.

COLORADO'S ONLY AUTHORIZED INTERLOCK PROVIDERS

Draeger
800.332.6858

Guardian
800.499.0994

National
800.475.5490

Smart Start
800.880.3394

While your privilege to drive is Interlock restricted:

- Your Interlock restriction may be extended if you on 3 or more occasions drink ANY alcohol before you attempt to drive—even if you drink the night before you attempt to drive.
- Your privilege to drive will be revoked for at least 1 year if even once you drive a non-equipped vehicle or try to circumvent or bypass the Interlock under any circumstances.

For more information and to download forms, go to www.colorado.qovlrevenue/dmv.

Licencia-conducir.com