

Non-Certified Search Fee - \$9.25
Certified Search Fee - \$10.25

☐ Certified Record

Permission to Release Driver Records to Self or Another Person

Driver License Offices provide only personal driving record information.

Records and/or other requests are available in person only at

3265 S. Wadsworth Blvd. #31, Lakewood, CO 80027,

or by mail at

Colorado Department of Revenue, Division of Motor Vehicles, PO Box 173345 Denver CO 80217

Pursuant to § 42-1-206(1)(b)(II) (7)(a) and (7)(b)(XIII), C.R.S.

- ☐ 7 Year Driver Record ☐ Full Driver Record ☐ Commercial Driver Record
- ☐ Other

If you are requesting a copy of a confidential crash (counter) report (Pursuant to § 42-4-1610, C.R.S.), fill out the following.

Confirmation Number

Date of Crash (MM/DD/YY)

Driver

Last Name (Please print)

First Name

Driver Date of Birth

Driver License Number

Signature of Driver

Date (MM/DD/YY)

Signature of Parent or Guardian if Driver is a Minor

Date (MM/DD/YY)

☐ Check if to self

Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§ 24-72-204, § 42-1-206 (1)(b)(I)).

Person Receiving Record

I hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to:

Release Records to: Last Name

First Name

Driver License Number

State

Company (if applicable)

Mailing Street Address

City

State

ZIP Code

Email Address

Phone Number

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver license or identification card until the original check is redeemed and an administrative and short check fee are paid.

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil or criminal penalties under federal and state law. All of the information provided is true and accurate to the best of my knowledge.

Signature of Person Receiving Record

Date (MM/DD/YY)