



DR 2275 (08/14/17)
COLORADO DEPARTMENT OF REVENUE
 Division of Motor Vehicles
 P.O. Box 173345
 Denver, CO 80217-3345
 www.colorado.gov/revenue

Search Fee \$9.00
Certified Fee (additional) \$1.00

Request for an Out-of-State No Match/Clearance Letter

Driver Privacy Protection Act (18 USC 2721) Colorado §24-72-204, §42-1-206(1)(b)(I), §42-1-206(1)(b)(II)(7)(a) and (7)(b)(XIII), C.R.S.

Information of Person Requesting No Match/Clearance Letter				
Last Name		First Name		Middle Name
Additional Last Names (if applicable)			Date of Birth	
Mailing Address			State	ZIP Code
Height	Weight	Eye Color		Hair Color
Driver License Number or ID Number			State	Last 4 of SSN
Additional Information (Phone Number or Email Address)				
<ul style="list-style-type: none"> • Include at least one: <u>Photo Copy of License/Identification Card/Passport</u> • If additional space is needed attach a <u>Statement of Fact (DR 2478)</u> 				
Mail request for an Out-Of-State Clearance Letter to:				
<input type="checkbox"/> Check box if same information as above				
Last Name		First Name		
Mailing Address			State	ZIP Code
Driver License Number or ID Number		State	Company (if applicable)	
Statement of Fact				
(Description of the circumstances for which you need a clearance letter, please print):				
I certify under penalty of perjury in the second degree, that the above facts are true and correct to the best of my knowledge. I further attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law, and authorize the mailing of my record and/or any related documentation to the individual indicated above (if not myself).				
Signature of Requestor				Date
Signature of Parent or Guardian if Driver is a Minor				Date