

Search Fee \$9.00 Certified Fee (additional) \$1.00
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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		City	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"> • <i>Include at least one: <u>Photo Copy of License/Identification Card/Passport</u></i> • <i>If additional space is needed attach a <u>Statement of Fact (DR 2478)</u></i> 				
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		City	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