

## MEDICAL HARDSHIP LATE FEE EXEMPTION AFFIDAVIT

C.R.S. 42-3-112(1.5)(a) and Code of Colorado Regulation 1 CCR 204-10 Rule 44. Late Fee Exemption

Vehicle Owner Information			
Last Name	First Name	Middle Initial	
Address			
City	State	ZIP	
Vehicle Information			
VIN		License Plate Number	
Year	Make	Body	Model
<p>"Medical Hardship" means medical care, treatment, service and/or medical incapacitation certified by a medical professional that prevented a person from utilizing available methods provided for completing the registration, temporary registration permit, or renewal of vehicle registrations within statutory time requirement for a vehicle for which the person is a named owner.</p> <p>Pursuant to C.R.S. 42-3-112(1.5)(a) and the Code of Colorado Regulation 1 CCR 204-10 Rule 44. Late Fee Exemption, I am claiming a medical hardship exemption of the late fee being assessed to the vehicle listed above.</p> <p>I certify, under penalty of perjury, that I am the owner of the vehicle and the above statements are true and accurate to the best of my knowledge.</p>			
Owner's Printed Name			
Signature			Date
Medical Professional Certification			
Name of Medical Professional		License Number	
Address			
City	State	ZIP	
<p>The person listed above was under my medical care, treatment or service and/or was medically incapacitated from completing a vehicle titling, registration, temporary registration permit or renewal transaction due to this medical care, treatment, service and/or incapacitation for the period of :</p> <p>Beginning Date _____ Ending Date _____</p> <p><b>*Note: Medical professional should not include Health Insurance Portability and Accountability Act (HIPAA) protected information or details on the person's medical care, treatment, service, or incapacitation on this form.</b></p> <p>I certify, under penalty of perjury, that the above statements are true and accurate to the best of my knowledge</p>			
Medical Professional's Signature			Date