DR 2478 (09/02/21) **COLORADO DEPARTMENT OF REVENUE** Division of Motor Vehicles Driver Control Section PO Box 173350, Room 164 Denver CO 80217-3350 Phone: 303-205-5613 *DMV.Colorado.gov*

Driver Record Statement of Fact

| Requestor Information | | | | |
|--|-------------------------|-------|------------------------|----------|
| Name (First, Middle, Last) | | | | |
| Date of Birth | Driver's License Number | | Driver's License State | |
| Address | | | | |
| City | | State | | ZIP Code |
| Telephone Number | Email Address | | | |
| Statement | | | | |
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| I certify under penalty of perjury in the second degree, that the above facts are true and correct to the best of my knowledge. Signature Date Signed | | | | |
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