

Affidavit of Financial Responsibility

		FRA Case Number
Name	Driver's License Number	DOB
Address		
City	State	ZIP
Date of Accident		
<p>In order to reinstate a driver license suspension under the Financial Responsibility Act §42.7-301 C.R.S., you must acknowledge one of the following statements:</p> <p>Please check only one box</p> <p><input type="checkbox"/> I certify that I am not responsible for any damages or injuries to any other party as a result of this accident. I understand that if the department receives information that I owe damages, my license will be suspended immediately.</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> I certify that it has been three years since the motor vehicle accident and no action for damages has been instituted within the three years as a result of this accident.</p>		
I must maintain future proof of liability insurance in the form of an SR 22 for 3 years.		
Signature		Date
	Subscribed and affirmed, or sworn to, before me this _____ day of _____ 20____	
	in the County of _____, State	
	of _____	
Notary Signature		
Commission Expiration Date		