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 Sta	ate
Address			<u> </u>	
City		State		ZIP Code
Telephone Number	Email Address		1	
Statement				
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