

## Voluntary Disability Disclosure to a Peace Officer

Pursuant to Colorado Revised Statute (C.R.S.) 42-3-113(9.5) and Code of Colorado Regulation 1 CCR 204-10 Rule 25 Persons with Disabilities Parking Privileges, an owner of a vehicle that is also a person with disability for which that disability interferes with the person's ability to effectively communicate with a peace officer may request that the Division of Motor Vehicles make the disability information available to law

enforcement. The vehicle owner may also request to disclose to law enforcement when the vehicle has a regular passenger with a disability that interferes with the regular passengers ability to effectively communicate with a peace officer.

Provide this completed form and professional certification to your County Motor Vehicle office to have the disclosure provided to law enforcement.

<b>Owner Declaration</b>		
Vehicle Owner Name		
Street Address		
City	State	ZIP
Vehicle owner must sign either one of the statements below or both depending on the declarations being completed. I have a disability as defined in the federal "Americans with Disabilities Act of 1990", 42 U.S.C. Sec. 12101 et seq., and the disability interferes with my ability to effectively communicate with a peace officer. I request that the Division of Motor Vehicles provide this information to law enforcement.		
Signature of Vehicle Owner with Disability		Date
I do not have a disability but have a regular passenger in the vehicle(s) below that does wish to disclose to law enforcement or in addition to my disability declaration I also have a regular passenger to disclose on the vehicles below.		
Signature of Vehicle Owner		Date

<b>Vehicle Declaration</b>			
I am the registered owner or have a regular passenger in the vehicles listed below that should be included in the disclosure to law enforcement. (if more vehicles please list on the back of this form)			
Vehicle VIN	Vehicle Year	Vehicle Make	Vehicle Model
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<b>Professional Certification</b> (certification required for owner and passenger)		
Full Name	License or Certificate Number	Issuing US State
Street Address		
City	State	ZIP
<b>I affirm, under penalty of perjury:</b> The person named above has a disability as defined in the federal "Americans with Disabilities Act of 1990", 42 U.S.C. Sec. 12101 et seq., and the disability interferes with the person's ability to effectively communicate with a peace officer.		
Signature of Professional		Date