

<b>Search Fee \$9.00</b> <b>Certified fee (additional) \$1.00</b>
<input type="checkbox"/> Certified Record

## Driver Record Requestor Release and Affidavit of Intended Use

Records and/or other requests are available at 1881 Pierce St., Lakewood, CO. The Department or the Department's authorized agent shall deny inspection of any driver record to any person, other than a person in interest, or a federal, state, or local government agency carrying out its official functions, who has not signed and returned the Affidavit of Intended Use. (§42-1-206 and §24-72-204, C.R.S.)(Driver Privacy Protection Act 18 USC 2721). To purchase a record other than your own, you must declare your intended use of that record, paraphrased below, or you must have the signature of the person in interest authorizing you to inspect the record on the DR 2559 Permission to Release Driver Records to Self or Another Person form.

<input type="checkbox"/> 7 Year Driver Record <input type="checkbox"/> Full Driver Record <input type="checkbox"/> Accident Report (complete section below) <input type="checkbox"/> Other _____			
<input type="checkbox"/> Express Consent Packet: Date of Stop _____ Case # _____			
Name of Driver			
License Number			Date of Birth
<b>Accident Information (Driver's information section must be completed)</b>			
Police Department		Report Number or Case Number	VIN
Date of Accident	Accident Location		City/County
<b>INFORMATION MAY BE USED ONLY FOR THE FOLLOWING APPROVED PERMISSIBLE USE: (CHECK 1 BOX ONLY)</b>			
<input type="checkbox"/> By a government agency, including any court or law enforcement agency performing its functions for an approved purpose under DPPA.			
<input type="checkbox"/> By an agency charged with driver/motor vehicle safety or theft including: MV product alterations, recalls, advisories, MV performance monitoring, MV parts/dealers, MV market research or surveys, removal of non-owner records from original owner records of MV manufacturers.			
<input type="checkbox"/> By a business that will use the information to verify the accuracy of information submitted by individuals for the purposes of preventing fraud, pursuing legal remedies against or recovering a debt or security interest.			
<input type="checkbox"/> In connection with a civil, criminal, administrative or arbitral proceeding in any court or before a self-regulatory body, including investigation, execution of judgment, or pursuant to a court order. (Attach form DR 2478 Driver Record Statement of Fact)			
<input type="checkbox"/> In research activities (the information may not be published, redisclosed, or used to contact the parties).			
<input type="checkbox"/> For use by a licensed private investigator, licensed private investigative agency, or licensed security service. License # _____			
<input type="checkbox"/> By an insurer or insurance support agency in connection with claims, investigations, anti-fraud activities, rating or underwriting.			
<input type="checkbox"/> By an employer/agent or insurer of a Commercial Driver's License holder. (CDLIS or CMV record)			
<input type="checkbox"/> Other as permissible pursuant to 24-72-204 (7) C.R.S. (DR 2478 Driver Record Statement of Fact required)			
If you are acting as an agent for an authorized user, you must identify the company or entity on whose behalf you are requesting the record. Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law.			
Signature		Driver's License Number	State    Date
Printed Name			
Name of Company Represented			
Requestor Mailing Address			

**(For mailed requests, please allow 7-10 working days to process after received by Department)**