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

I authorize Colorado Springs Mountain Metro Rides to obtain a copy of my Driving Record to allow me to participate in the Mountain Metro Rides Vanpool Program

This information will remain strictly confidential and not provided to any other individuals or entities.

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