

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 | | |