



DR 2275 (08/14/17)  
**COLORADO DEPARTMENT OF REVENUE**  
 Division of Motor Vehicles  
 P.O. Box 173345  
 Denver, CO 80217-3345  
 www.colorado.gov/revenue

**Search Fee \$9.00**  
**Certified Fee (additional) \$1.00**

## Request for an Out-of-State No Match/Clearance Letter

*Driver Privacy Protection Act (18 USC 2721) Colorado §24-72-204, §42-1-206(1)(b)(I), §42-1-206(1)(b)(II)(7)(a) and (7)(b)(XIII), C.R.S.*

| Information of Person Requesting No Match/Clearance Letter   |        |            |                         |               |
|--|--------|------------|-------------------------|---------------|
| Last Name  |        | First Name |                         | Middle Name   |
| Additional Last Names (if applicable)  |        |            | Date of Birth           |               |
| Mailing Address  |        |            | State                   | ZIP Code      |
| Height   | Weight | Eye Color  |                         | Hair Color    |
| Driver License Number or ID Number   |        |            | State                   | Last 4 of SSN |
| Additional Information (Phone Number or Email Address)   |        |            |                         |               |
| <ul style="list-style-type: none"> <li>• Include at least one: <u>Photo Copy of License/Identification Card/Passport</u></li> <li>• If additional space is needed attach a <u>Statement of Fact (DR 2478)</u></li> </ul>   |        |            |                         |               |
| Mail request for an Out-Of-State Clearance Letter to:  |        |            |                         |               |
| <input type="checkbox"/> Check box if same information as above  |        |            |                         |               |
| Last Name  |        | First Name |                         |               |
| Mailing Address  |        |            | State                   | ZIP Code      |
| Driver License Number or ID Number   |        | State      | Company (if applicable) |               |
| Statement of Fact  |        |            |                         |               |
| (Description of the circumstances for which you need a clearance letter, please print):  |        |            |                         |               |
|  |        |            |                         |               |
| I certify under penalty of perjury in the second degree, that the above facts are true and correct to the best of my knowledge. I further attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law, and authorize the mailing of my record and/or any related documentation to the individual indicated above (if not myself). |        |            |                         |               |
| Signature of Requestor   |        |            |                         | Date          |
| Signature of Parent or Guardian if Driver is a Minor   |        |            |                         | Date          |