OUT OF STATE INSURANCE AFFIDAVIT

| Owner Information | | | | | |
|--|---|----------------|--------|---------------|----------------|
| LastName | | First Name | | | Middle Initial |
| | | | | | |
| Address | | | | | |
| | | T | | T | |
| City | | State Zip | | | |
| D ((D) II | | D | N. I | | |
| Date of Birth | | Driver License | Number | | |
| | | | | | |
| Vehicle Information | | | Model | | |
| wake | | Model | | | Year |
| Vehicle Identification Number (VIN) | | Plate Number | | | |
| | | riate rumber | | | |
| Out of S | tate Insura | nce | | | |
| Out of State modratice | | | | | |
| | Insurance Company | | State | Policy Number | Effective Date |
| ☐ I am a resident of Colorado, temporarily residing | | | | | |
| outside of Colorado and have purchased insurance for the above vehicle from a company located in the state in which I am temporarily residing. | | | | | |
| | Please attach proof of temporary out of state residency (i.e. | | | | |
| in whom an temporally restaing. | Student Identification Card, Utility Bill, etc.) | | | | |
| I certify, under penalty of perjury, that the above statements are true and accurate to the best of my knowledge. | | | | | |
| Signature | | | | Date | |
| | | | | | |

NOTE: This affidavit must be completed annually.