

**COLORADO DEPARTMENT OF AGRICULTURE FARM PRODUCTS PROGRAM**  
**Citizenship/Immigration Status Verification Form- "Affidavit"**

Colorado Revised Statutes section 24-76.5-103 requires all state agencies to verify the lawful presence in the United States of all natural persons (individuals and individuals doing business as sole proprietors) who apply for certain public benefits, including the license, permit or registration for which you are applying. This requirement applies only to natural persons. It does not apply to partnerships, corporations or other business entities that apply for state benefits.

If you are applying for a license, permit or registration for yourself, or for a business for which you are the sole proprietor, you must provide the information requested in numbered paragraphs 1 through 4 on this form, sign and date it, and submit it along with your application form. If, however, you are applying for a license, permit or registration that will be issued to a partnership, corporation or other type of business entity, you do not need to fill out this form or submit it.

**Alternative Identification Documents:** A Colorado ID card; a U.S. Military ID card; a Military Dependent's Card; a U.S. Coast Guard Merchant Mariner Card; a Native American tribal identification document; a U.S. naturalization certificate with photograph; a U.S. Passport or other citizenship document with photograph; or valid immigration documents demonstrating lawful presence (foreign passport with I-551 stamp or attached Temporary I-551 visa, foreign passport accompanied by an I-94 indicating expiration date, I-94 with refugee or asylum status, Resident Alien card, Permanent Resident card, Temporary Resident card, Employment Authorization card.) or a driver's license or identification card issued by a lawful presence state. A list of lawful presence states can be found at this website : <http://www.colorado.gov/revenue> under *Driver's License*, then click on the link for *Identification Requirements* (list of lawful presence states is on page 2) or call or email this office.

1. Print name of individual/sole proprietor: \_\_\_\_\_
2. Farm Program registrant business name, if different: \_\_\_\_\_
3. a) Colorado driver's license number: \_\_\_\_\_ **or**  
b) Alternative identification document as described in paragraph above  
**(Alternative identification must be a NOTARIZED COPY if not applying in person)**
4. I swear and affirm under penalty of perjury under the laws of the State of Colorado that the information I have provided on this form is complete and accurate and (check one):
  - a) \_\_\_ I am a United States citizen, **or**
  - b) \_\_\_ I am a permanent resident of the United States . **PLEASE PROVIDE A COPY OF DOCUMENT**  
(Provide alien number \_\_\_\_\_ or I-94 number \_\_\_\_\_) Date of Birth \_\_\_\_\_
  - c) \_\_\_ I am lawfully present in the United States pursuant to Federal law. **PLEASE PROVIDE A COPY OF DOCUMENT**  
(Provide alien number \_\_\_\_\_ or I-94 number \_\_\_\_\_) Date of Birth \_\_\_\_\_

I understand that this sworn statement is required by law because I have applied for a public benefit that is subject to Colorado Revised Statutes section 24-76.5-103. I understand that this state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I understand that if I am not a United States citizen this law requires the Colorado Department of Agriculture ("CDA") to verify my lawful presence in the United States through the federal Department of Homeland Security ("DHS") Citizenship and Immigration Services ("CIS") Systematic Alien Verification of Entitlement Program. I hereby authorize DHS/CIS to provide CDA with information related to my immigration status. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute section 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form to: Colorado Department of Agriculture Farm Products Program  
2331 W. 31<sup>st</sup> Avenue  
Denver, CO 80211  
Phone: (303) 867-9200/Fax: (303) 480-9236

**FOR CDA OFFICE USE ONLY**

*If registration issued:*

I, \_\_\_\_\_, hereby state that I have personally verified the above information by the following method:

- Visually inspecting the following document (or notarized copy) produced by the applicant:
  - Colorado driver's license
  - Driver's license from an approved state (specify): \_\_\_\_\_
  - Colorado identification card
  - U.S. military card
  - Military dependent's card
  - U.S. Coast Guard Merchant Mariner card
  - Native American tribal identification document (specify): \_\_\_\_\_
  - U.S. naturalization certificate with photograph
  - U.S. Passport
  - One of the following immigration documents verified through SAVE:
    - Foreign passport with I-551 stamp or attached Temporary I-551 visa
    - Foreign passport accompanied by an I-94 indicating expiration date
    - I-94 with refugee or asylum status
    - Resident Alien card
    - Permanent Resident card
    - Temporary Resident card
    - Employment Authorization card
- Verifying the Colorado driver's license number with the DMV

CDA Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If registration application not accepted:*

I, \_\_\_\_\_, hereby state that I was not able to verify the applicant's lawful presence in the United States for the following reason:

- The applicant did not provide the required documentation.
- The information on the documentation provided was not complete or accurate (explain).  
\_\_\_\_\_
- Other reason: \_\_\_\_\_

CDA Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I, \_\_\_\_\_, hereby state that I have:

- a) CONFIRMED the applicant's lawful presence in the United States through the SAVE Program;
- b) NOT CONFIRMED the applicant's lawful presence in the United States through the SAVE Program.

CDA Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_