

Affidavit of Liability and Guardianship (C.R.S. 42-2-108 and 42-2-109)

(Must be signed in the presence of a Motor Vehicle Employee or Notary Public)

Minor's First Name	Middle Name	Last Name	Date of Birth (MM/DD/YY)
<p>I understand by signing this form I assume liabilities of the above minor driving a motor vehicle, and I understand my signature may be withdrawn upon written request and the minor's license / permit will be cancelled. By signing this form I attest that I hold a valid Colorado Driver License and I am 21 years of age or older. In the event that I do not hold a valid Colorado Driver License, I appoint the Alternative Permit Supervisor designated below who holds a valid Colorado Driver License and is 21 years of age or older to supervise the minor while learning to drive. Additionally, I am aware that I am the only person who is responsible to sign the drive time log sheets for this minor.</p>			
Printed Name and Signature of Person Assuming Liability		ID Type and No.	
By signing this form, I give my consent as Parent / Guardian for the above named Minor to be designated as an Organ/Tissue Donor.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor Vehicle Employee			Date (MM/DD/YY)
Notary Public		Notary Seal	
Subscribed and sworn before me this _____ day of _____, 20 ____.			
In the State of Colorado, County of _____. My commission expires _____.			
Court or Power of Attorney documents presented: _____.			
Signature of Notary Public _____			
Alternative Permit Supervisor			
I appoint the Alternative Permit Supervisor designated below, with a valid Colorado Driver License and is 21 years of age or older to supervise the minor while they are learning to drive.			
First Name	Last Name	CO Customer Identification Number (DL#)	
By signing, I attest that I have a valid Colorado Driver's License.			
Signature of Alternative Permit Supervisor			Date (MM/DD/YY)