

I DRIVE SAFELY

Phone: (800) 723-1955

AFFIDAVIT OF ENROLLMENT IN A DRIVER EDUCATION COURSE

| | | | |
|--|-------------|-----------|--|
| Minor's First Name | Middle Name | Last Name | Date of Birth |
| Is enrolled in a Colorado Department of Revenue approved driver education course | | | |
| Name of School | | | |
| Signature of Driver Education Instructor | | | |
| Signature of Parent or Guardian | | | <input type="checkbox"/> Mother <input type="checkbox"/> Guardian |
| Signature of Parent or Guardian | | | <input type="checkbox"/> Father <input type="checkbox"/> Guardian |

**NOTE: BIRTH CERTIFICATE IS REQUIRED FOR A MINOR'S
INSTRUCTION PERMIT OR LICENSE**