

COLORADO SEX OFFENDER REGISTRATION VEHICLE ADDENDUM

SEX OFFENDER INFORMATION

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|----------------------|------------|------------------------|
| REGISTRANT LAST NAME | FIRST NAME | MIDDLE NAME |
| DATE OF BIRTH | | SOCIAL SECURITY NUMBER |

DRIVERS LICENSE INFORMATION

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|-----------------------------------|----------------------------------|---------------------------------------|--|
| DRIVERS LICENSE OR ID CARD NUMBER | DRIVERS LICENSE OR ID CARD STATE | DRIVERS LICENSE OR ID CARD ISSUE DATE | DRIVERS LICENSE OR ID CARD EXPIRATION DATE |
| DRIVERS LICENSE OR ID CARD NUMBER | DRIVERS LICENSE OR ID CARD STATE | DRIVERS LICENSE OR ID CARD ISSUE DATE | DRIVERS LICENSE OR ID CARD EXPIRATION DATE |

VEHICLE INFORMATION

| | | | |
|-----------------------|----------------------------|--|--------------------|
| LICENSE PLATE NUMBER | LICENSE PLATE STATE | LICENSE PLATE EXPIRATION DATE | LICENSE PLATE TYPE |
| VEHICLE VIN NUMBER | VEHICLE YEAR | VEHICLE MAKE | VEHICLE MODEL |
| VEHICLE STYLE | VEHICLE COLOR/COLOR SCHEME | REGISTERED OWNER OF VEHICLE | |
| BEGIN DATE OF VEHICLE | END DATE OF VEHICLE | <input type="checkbox"/> This vehicle is used as a residence <input type="checkbox"/> This vehicle is NOT used as a residence | |
| LICENSE PLATE NUMBER | LICENSE PLATE STATE | LICENSE PLATE EXPIRATION DATE | LICENSE PLATE TYPE |
| VEHICLE VIN NUMBER | VEHICLE YEAR | VEHICLE MAKE | VEHICLE MODEL |
| VEHICLE STYLE | VEHICLE COLOR/COLOR SCHEME | REGISTERED OWNER OF VEHICLE | |
| BEGIN DATE OF VEHICLE | END DATE OF VEHICLE | <input type="checkbox"/> This vehicle is used as a residence <input type="checkbox"/> This vehicle is NOT used as a residence | |

ADDITIONAL DRIVERS LICENSE OR VEHICLE INFORMATION

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REGISTRANT SIGNATURE

By signing below, I attest that I understand and acknowledge my duty to register as a sex offender, as required by the Colorado Sex Offender Registration Act - Title 16, Article 22, Colorado Revised Statutes. I understand that providing false or incomplete information may constitute a misdemeanor or felony criminal offense.

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| SIGNATURE OF REGISTRANT | CURRENT DATE |
| <input type="checkbox"/> Quarterly Registration <input type="checkbox"/> Annual Registration | NEXT REGISTRATION DATE REGISTRANTS INITIALS |

REGISTRATION AGENCY INFORMATION

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|--|------------------------------|
| PRINTED NAME – CRIMINAL JUSTICE AGENCY PERSONNEL | CRIMINAL JUSTICE AGENCY NAME |
| SIGNATURE – CRIMINAL JUSTICE AGENCY PERSONNEL | CURRENT DATE |