

Affidavit of Enrollment

Level II Drug and Alcohol Education and Treatment

This Section to be Completed and Returned to The DMV Driver Control Section

Name

Date of Birth (MM/DD/YY)

Colorado PIN

Date of Admission (MM/DD/YY)

Agency Name

Agency ID

Track Assigned

Estimated Date of Completion (MM/DD/YY)

Signature of Authorized Staff Member

Date (MM/DD/YY)

Agency's Phone Number

1. As a condition for the reinstatement of driving privileges, I must complete a Level II alcohol and drug education and treatment program. I understand that the agency providing this service is required to report any noncompliance with the terms of such program and that a report of noncompliance may result in cancellation of my driver's license and denial to reapply until evidence of successful completion of a licensed education and treatment program is provided and any other reinstatement requirements are met.
2. If notice of noncompliance is received by the Division of Motor Vehicles - Driver Control Section from the agency listed above, one of the following documents must also be received **within 20 days**.
 - **Notice from that agency that the terms and conditions of the program are now being met.**
 - **A discharge referral summary indicating successful completion of a Level II education and treatment program from the agency listed above.**
 - **A new Affidavit of Enrollment indicating admission to another licensed Level II program.**

Failure to provide these documents will result in cancellation and denial of driving privilege.

Signature of Applicant

Date (MM/DD/YY)

**This Section to be Retained in The Records of The Agency Providing Level II
Education and Treatment Program**

Client Name

Date of Birth (MM/DD/YY)

Estimated Date of Completion (MM/DD/YY)

Colorado PIN

Track Assigned

Pursuant to §42-2-144, C.R.S. the following information must be forwarded to the Division of Motor Vehicles, Driver Control Section regarding this client.

- **Report of noncompliance with the terms and conditions of this program - within 5 days of occurrence.**
- **Report of completion of program with a discharge referral summary showing: admission date, discharge date, and indicating successful completion of track assigned - not more than 20 days following completion date.**
- **Report of compliance with terms and conditions of program - quarterly.**