



COLORADO & NEW MEXICO FORM INSTRUCTIONS

In order to access Motor Vehicle Records from Colorado or New Mexico, this form must be completed and signed.

1. Print your **CoreLogic ADR account number** on the upper right corner of the form.
2. Initial alongside each authorized permissible purpose, as applicable to your business.

For **Insurance Purposes**, initial the following:

- By an insurer or insurance support agency in connection with claims, investigations, anti- fraud activities, rating or underwriting
- and**
- By an employer/agent or insurer of a Commercial Driver License Holder

For **Employment Purposes**, initial the following:

- By an employer/agent or insurer of a Commercial Driver License Holder
- and**
- By a legitimate business that has obtained written consent of the person whose record is being requested

3. Sign and date the form and print the contact information, as indicated.
4. Mail or Fax the completed, signed form to:

CoreLogic ADR
Attn: Compliance Department
2860 Gold Tailings Court
Rancho Cordova, CA 95670
Fax: (916) 456-3332



ADR Account # _____

**AFFIDAVIT OF INTENDED USE
(Colorado & New Mexico)**

To obtain record(s), you must declare your intended use of the record(s). This information is to be used only for the following **APPROVED PURPOSES**:

_____ By a business that will use the information to verify the accuracy of information submitted by individuals for the purposes of preventing fraud, pursuing legal remedies against or recovering a debt, or security interest.

_____ In Connection with a civil, criminal, administrative, or arbitral proceeding in any court or before a self-regulatory body, including process service, investigation, execution of judgment, or pursuant to a court order.

_____ By an insurer or insurance support agency in connection with claims, investigations, antifraud activities, rating, or underwriting.

_____ By an employer/agent or insurer of a Commercial Driver's License Holder.

_____ By a legitimate business that has obtained written consent of the person whose record is being requested.

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law, may subject me to civil penalties under federal and state law

X

Signature

Date

Printed Name

Date of Birth

Name of Represented Company

Street Address, City, State, and Zip Code

Phone Number