COLORADO PHOTO ID WAIVER FOR MINORS

_________________________          ____________________
Legal Name (First, Middle, Last)    DOB (DD/MM/YY)

I certify that I am the parent or legal guardian of the above-named child. This child does not have a state issued photo identification card or other Primary Identity Document specified by the Colorado Bureau of Investigation.

Under penalty of the law, I confirm that the child present with me is the individual named above. I acknowledge that making a false statement regarding the identity of this child may lead to prosecution under Title 18 of the Colorado Criminal Code. Must be signed by parent of legal guardian at the time of fingerprinting at the fingerprinting site location. Do not sign the form in advance.

______________________________
Signature of Parent or Legal Guardian

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Printed Name of Parent or Legal Guardian