



## Image Comparison Request Form

### Law Enforcement Use Only

Am image comparison request can be made for a case being investigated and/or prosecuted in a criminal manner pursuant to 42-2-114(iv)(a). The results provided by the Colorado Department of Motor Vehicles, Investigations Unit are to assist in furthering an ongoing investigation or criminal matter and cannot be used as the sole reason for arrest. No person shall sell or release to anyone information contained in a driver's license application. Any requestor that knowingly discloses or permits disclosure of a digital image, signature or fingerprint will be, at the discretion of the Senior Motor Vehicle Director, denied access to Colorado Motor Vehicle records and images. *Image Comparison Requests are accepted for Level 1 offenses only, which include national security violations, homicide, kidnapping, sexual assault, robbery, aggravated assault, threats of bodily harm, extortion or threat to injure a person, sex offenses, cruelty toward children or spouse, resisting an officer and weapons.*

**The use of this form and any results received is strictly confidential and shall be excluded from any investigative reports.**

Requesting Agency:	
Agency Phone #:	
Name of Requesting Agent/Officer:	Badge #:
Offense and Classification:	Case #:
Email/Address/Fax of where results shall be sent to:	
BRIEF DETAILS OF CASE:	
Under penalty of law, the undersigned certifies that the information requested will be used as authorized by the Driver Privacy Protection Act. The undersigned hereby acknowledges that this request is made with the understanding that any person requesting disclosure of sensitive personal information from the Department of Motor Vehicles who misrepresents his or her identity, misrepresents the purpose for which the information requested will be used, or otherwise makes a false statement on the application shall be guilty of a class 1 misdemeanor.	
Authorized Agent/Officer Signature:	Date:
Non-Digital:	
<b>Internal Use Only</b>	
Approved By:	
Priority Level:	Date:

Complete this form and fax to (303) 205-5615 or email to francine.gonzales@state.co.us