STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department of Public Health and Environment

October 11, 2006

Subject: Implementation of C.R.S., 24-76.5-101, et. seq., "Restrictions on Public Benefits" (HB 1023)

To Whom It May Concern:

All licenses, certifications, and registrations issued to *individual owners or sole proprietors* by the Colorado Department of Public Health and Environment must be accompanied by verification of citizenship. **This requirement applies only to individual owners or sole proprietors.**

You will find an affidavit included with your renewal registration/application. Verification of citizenship includes completing the attached affidavit and providing a **notarized photocopy** of an approved identification. The photocopy of the ID must have a jurat applied, which is completed by the notary. Approved identification includes:

- A valid Colorado driver's license or a Colorado identification card;
- A valid driver's license from a state approved by the Attorney General's Office;
- A United States military card or a military dependent's identification card;
- A United States Coast Guard Merchant Mariner card; or
- A Native American Tribal Document.

You may access a notary in your area by conducting a search through directory assistance for "public notaries."

The **signed affidavit and notarized copy of your driver's license** must be returned to Broomfield Public Health and Environment Division (6 Garden Center, Broomfield Co 80020) along with your **completed and signed** license application and corresponding fee.

C.R.S., 24-76.5-101, "Restrictions on Public Benefits" became effective August 1, 2006, and requires "each agency or political subdivision of the state" to verify the lawful presence in the United States of every applicant for public benefits. The law requires the verification of citizenship in order for persons eighteen years of age or older to receive certain benefits or obtain a license or certification from the department. If the recipient of the benefit is under eighteen years of age, the law does not apply.

Colorado Department
of Public Health
and Environment

AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

☐ I am a United States citizen, or

☐ I am a Permanent Resident of the United States, or

☐ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

_____ _____
Signature Date

Firm's Legal Name: _____

Firm's Site Address: _____
Street Unit City Zip