

# STATE OF COLORADO

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**DEPARTMENT OF TRANSPORTATION**

Maintenance & Operations Branch  
Transport Permit Office  
4201 E. Arkansas, Suite 290  
Denver, Colorado 80222  
(303) 757-9539



## **Pilot Escort Certification Compliance Affidavit For Third Party Instructors**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Address (Street, City, State, Zip)

\_\_\_\_\_  
Company representative and phone number

I, \_\_\_\_\_, certify that the above mentioned applicant will require and accept an original MVR certification record that is current within 30 days of the classroom instruction and receive proof of insurance from an insurance provider in the amount and terms specified in Chapter 5 section D. 4 of 2 CCR 601-4, "Rules and Regulations pertaining to Transport Permits for the Movement of Extra-Legal Vehicles or Loads".

In addition, the above mentioned applicant will take the necessary measures to insure the security of the students' information. These measures are detailed in the business plan.

I understand that the above mentioned applicant may be audited by the Dept. of Transportation at any time and the applicant must have the records for all of its students available for inspection. In addition, the applicant's operating documents, required per Rule 2 CCR 601-6, may be reviewed by the Department. The Department may make recommendations to update the procedures, if such will improve the security of the student's information or better serve the industry.

I declare under penalty of perjury and any other applicable state or federal laws that the statements made on this document are true and complete to the best of my knowledge.

\_\_\_\_\_  
Company representative's signature and date