

STATE OF COLORADO

John W. Hickenlooper, Governor
Christopher E. Urbina, MD, MPH
Executive Director and Chief Medical Officer

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

Please read this document. Failure to submit all completed documents as described below will delay the renewal of your license.

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

To Whom It May Concern:

You will find an affidavit included with your renewal registration/application. 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 does not apply to you if you are not an individual owner or sole proprietor. Verification includes completing the enclosed affidavit and providing a **notarized copy of an approved identification**. Approved identification includes:

- A valid Colorado driver’s license or a Colorado identification card;
- A United States military card or a military dependent’s identification card;
- A United States Coast Guard Merchant Mariner card;
- A Native American Tribal Document,

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

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.

If you need assistance in complying with this law or if there is additional information you feel we need to be aware of, please do not hesitate to contact me at 303-692-3645.

Sincerely,

Karen Gillespie
Program Assistant
Division of Environmental Health & Sustainability



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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.

Doing Business As: _____

Address: _____
Street Unit City Zip

Signature Date

RETURN THIS FORM WITH NOTARIZED COPY OF ID ATTACHED



As a Notary Public in and for the state of _____, I do certify that I carefully compared with the original the attached facsimile and that it is a complete, full, true and exact facsimile of the document they have purported to reproduce.

(Notary's official signature)

(My commission expires)