



TOWN OF DINOSAUR

**TOWN OF DINOSAUR
PO BOX 238
DINOSAUR CO 81610
MOFFAT**

PHONE: 970-374-2286
FAX: 970-374-2223

AFFIDAVIT CONCERNING CRIMINAL HISTORY

I, _____, swear or affirm;

My date of birth is _____ and

I certify that I have not been convicted, entered a plea of nolo contendere or entered a plea of guilty of any criminal offense excluding minor traffic offenses of less than eight (8) points but including any traffic offense in which drugs or alcohol were involved.

(Initial) _____

OR

I certify that I have been convicted of the following criminal offenses. List offense, date of conviction, court and case number, and state and county of the court. (Minor traffic offenses of less than eight (8) points need not be listed if no alcohol or drugs were involved.)

(Initial) _____

Offense: _____

Date of Conviction: _____

Court & Case Number: _____

State & County of the Court: _____

Under penalty of perjury, I swear/affirm that the information provided above is true.

Signature and Date

STATE OF COLORADO)
) ss.
COUNTY OF MOFFAT)

Subscribed and sworn to before me on this _____ day of _____ 20____.

Notary Public

My commission expires: _____