# DR 2097 (10/24/23) COLORADO DEPARTMENT OF REVENUE Auto Industry Division P.O. Box 17087

Auto Industry Division
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SBG.Colorado.gov/AID
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### For Office Use Only:

Exam Date Percent Passed Y/N

AID Staff Initials

Administrator Y/N

### **Examination Affidavit**

### **Applicant Declaration (To be Completed by Applicant)**

(Print full legal name as shown on ID)

## I, Declare each of the following, under penalty of perjury in the second degree:

- I have successfully completed the online Auto Industry Mastery Examination testing my knowledge
  of the provisions of the Motor Vehicle/Powersports Industry Laws and Regulations at the
  Dealership, or at the Approved Providers location.
- 2. I did not *request* or *permit* any other person on my behalf, to assist, participate in taking the Mastery Examination, nor receive answers to any questions on the Mastery Examination.

  (Date (MM/DD/YY))
- 3. I successfully completed the online mastery exam on
- **4.** I have complied with all relevant provisions of Motor Vehicle Dealer Board regulations 44-20-104(3)(k) and 44-20-108(1)(c).

Signature of Applicant

Social Security Number Date (MM/DD/YY)

### **Examination Administrator Declaration (To Be Completed by Administrator)**

(Print full legal name as shown on ID)

### i, Declare each of the following, under penalty of perjury in the second degree:

- 1. I am authorized under the Motor Vehicle/Powersports Industry Laws and Regulations to act as an Examination Administrator for the Auto Industry Mastery Examination;
- 2. I have administered the Mastery Examination at the Dealership or Approved Providers location to the applicant named below without assistance from myself or any other person; and did not provide the Applicant with answers to any questions on the Mastery Examination.
- 3. I have complied with all relevant provisions of Motor Vehicle Dealer Board regulations 44-20-104(3)(k) and 44-20-108(1)(c).

Applicant's Full Legal Name (As shown on ID)

**Date Administered Online** 

Printed Name of Administrator

Affiliation (Dealership or Approved Provider)

Signature of Administrator

#### **Affidavit Instructions:**

- Only an original affidavit signed by the Applicant and Authorized Administrator will be accepted.
- The affidavit must be filled out completely and correctly before submitting to the Auto Industry Division with a <u>complete</u> License Application.
- All incomplete or incorrect documents will be returned.
- The Online Mastery Examination may only be taken twice per day.

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