

## **Assisted Living Owner Operator Class PROOF OF IDENTITY**

Information on this form is requested by the State of Colorado as a condition for issuance of a certificate of completion of the 40 hour Assisted Living Administrator Training. You are required to provide a clear and legible copy, back and front, of the following acceptable forms of identification:

- 1. Colorado Drivers License;
- 2. Colorado non-driver Identification Card;
- 3. U.S. federal, state, local government-issued identification (including military);
- 4. Tribal enrollment cared with phone or other form of photo tribal identification;
- 5. Current U.S. passport;
- 6. Current student identification

## Instructions

Complete the form and return this form along with a copy of the identification you list below.	
1.	My identification is a: (check one)
	□ Colorado Drivers License;
	☐ Colorado non-driver Identification Card;
	$\square$ U.S. federal, state, local government-issued identification (including military);
	$\square$ Tribal enrollment cared with phone or other form of photo tribal identification;
	☐ Current U.S. passport;
	☐ Current student identification
	The expiration date is:
3.	A legible and clear copy of the identification listed above (faxing not recommended)
Affirmation of Lawful Presence and Legal Identify	
I affirm and declare that the facts stated in this document(s) are true and correct and I am the person listed on the identification	
provide	d.
	Your full legal name (printed):
	Legible Signature: Date:
Return this completed form, signed and dated, along with your identification (in one of the following formats)	
	US Mail
	Colorado Gerontological Society
	1129 Pennsylvania St
	Denver, CO 80203
	FAX (not recommended as the fax usually blurs the photo and content and is unreadable)
	Colorado Gerontological Society
	303-333-9112
	ENCRYPTED EMAIL

cogs@senioranswers.org