



Colorado Bureau of Investigation
Sex Offender Registry
690 Kipling Street
Denver, Colorado 80215
Phone: (303) 239-4222
Fax: (303) 239-4661



COLORADO SEX OFFENDER REGISTRATION FORM

Reason for Registration

Initial Registration Scheduled Re-Registration Information Update Cancel Registration

Registration Information

Name: _____ *SSN: _____
(Last Name) (First Name) (Middle Name)

*Disclosure of your Social Security Number (SSN) is required by federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of Identification, and Colorado Criminal Justice Agencies may share the information with other agencies for the same purpose.

Date of Birth: _____ Height _____ Weight: _____ Hair: _____ Eyes: _____

Race: _____ Sex: _____ Place of Birth: _____

CO DL or ID Card #: _____ Alien Registration # or Tribal ID # _____

Other Names Used (AKA) Name: _____

Name: _____

Name: _____

Scars, Marks, Tattoos, and other Distinguishing Characteristics: _____

Registrants Initials _____

Supervision Status

Phone Numbers

I do not have or use any phone

Currently on Probation/Parole No Yes

Probation Type:

State Federal County
 Probation Parole

Officer Name: _____

Officer Phone: _____

Phone Number:

Phone Type:

(____) _____
(____) _____
(____) _____
(____) _____
(____) _____
(____) _____

Previous Permanent Address

Current Permanent Address

(Address Line 1)

(Address Line 2)
_____, _____, _____
(City) (State) (Zip)

(County) (End Date)

(Address Line 1)

(Address Line 2)
_____, _____, _____
(City) (State) (Zip)

(County) (End Date)
 I do NOT have a permanent address at this time.

Relocation Address (location you are moving to)

Other/Secondary Address

(Address Line 1)

(Address Line 2)
_____, _____, _____
(City) (State) (Zip)

(County) (Move in Date)

(Type of address)

(Address Line)
_____, _____, _____
(City) (State) (Zip)

(County) (End Date)

Registrants Initials _____

Transient/Homeless Location

I am currently not transient/homeless

1. _____ , _____
(Street Address or location) (City) (State) (Zip)

County: _____

Dates you will be at this address/location: From: _____ To: _____

2. _____ , _____
(Street Address or location) (City) (State) (Zip)

County: _____

Dates you will be at this address/location: From: _____ To: _____

Employment

I am currently unemployed

1. Employer: _____ Occupation: _____ Start Date: _____

Address: _____ , _____
(Street Address) (City) (State) (Zip)

County: _____ Contact Person: _____ Phone: _____

2. Employer: _____ Occupation: _____ Start Date: _____

Address: _____ , _____
(Street Address) (City) (State) (Zip)

County: _____ Contact Person: _____ Phone: _____

Coast Guard Document Number (cannot be identical to boat registration number)

Coast Guard Document # _____

Registrants Initials _____

Vehicles

I do NOT own or use a vehicle, trailer or mobile home

1. _____
(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)

(License Tag #) (State) (Vin)

This vehicle is: NOT used as a residence Used as a residence

2. _____
(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)

(License Tag #) (State) (Vin)

This vehicle is: NOT used as a residence Used as a residence

3. _____
(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)

(License Tag #) (State) (Vin)

This vehicle is: NOT used as a residence Used as a residence

4. _____
(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)

(License Tag #) (State) (Vin)

This vehicle is: NOT used as a residence Used as a residence

5. _____
(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)

(License Tag #) (State) (Vin)

This vehicle is: NOT used as a residence Used as a residence

Boat Information

1. _____
(Year) (Boat Type) (Color/Color Scheme) (Name of boat if applicable)

(Registration #)

This boat is: NOT used as a residence Used as a residence

Registrants Initials _____

Post Secondary Education (College/Trade School):

I am NOT a student, employee or volunteer

1. Student Employee Volunteer

Start Date: _____ End Date: _____

School Name: _____ Campus: _____

Address: _____ , _____
(Street Address) (City) (State) (Zip)

County: _____ Employer: _____ Contact: _____

2. Student Employee Volunteer

Start Date: _____ End Date: _____

School Name: _____ Campus: _____

Address: _____ , _____
(Street Address) (City) (State) (Zip)

County: _____ Employer: _____ Contact: _____

Electronic Communication Identifiers: As in 16-22-108(2.5)(c)

I do NOT use email address, chat or blog

Email Addresses

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Chat or Blog

Name: _____ Provider: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Professional License

(I.E. Commercial Driver, Contractor, Beautician)

Professional License # _____ Professional License Type: _____

Registrants Initials _____

Registration Requirement

Quarterly Registration

Annual Registration

_____ (Next Registration Date)

_____ (Registrants Initials)

By signing below, I attest that I understand and acknowledge my duty to register as a sex offender, as required by the Colorado Sex Offender Registration Act (Title 16, Article 22, Colorado Revised Statutes). Providing false information may constitute a Misdemeanor or Felony criminal offense.

(Signature of Registrant)

(Signature of Parent/Guardian)

(Date)

(Relationship to offender)

(Phone Number- Parent/Guardian)

Criminal Justice Use

REGISTERING AGENCY:

(Criminal Justice Use Only)

Complete this section if a copy of this form will be forwarded to the Colorado Bureau of Investigation.

(Agency Name)

(Phone)

(Date)

(Name of Criminal Justice Personnel Administering Registration)

(Department)

Criminal Justice Information (Please verify all information with a complete criminal history background)

Sex Offense Conviction _____ Conviction Date: _____ Conviction State: _____

Sex Offense Conviction _____ Conviction Date: _____ Conviction State: _____

Sex Offense Conviction _____ Conviction Date: _____ Conviction State: _____

Docket #: _____ Docket#: _____ Docket#: _____

FBI #: _____ State Identification # (SID): _____

Agency Registration # (OCA): _____