

MVID # _____ OR WY DL # _____
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## ACCIDENT AFFIDAVIT

**Instructions:**

- Refer to the "Uninsured Accident Suspension Notice" for information to complete this form. If you do not have this information, you may call Customer Service at 307-777-4810.
- This affidavit will not be accepted if it is dated prior to one year from the date of the accident.
- Please print clearly and legibly.
- Must be signed in the presence of a Driver License Examiner or Notary Public.



I, _____, hereby certify that there are no unsatisfied judgments on this date as a result of a motor vehicle accident which occurred on the _____ day of _____, 20_____, in _____ County, Wyoming, involving myself and _____.		
SIGNATURE	DATE	DATE OF BIRTH

DRIVER LICENSE EXAMINER SIGNATURE	DATE	
<b>NOTARY PUBLIC</b>  Subscribed and sworn to before me by _____ this _____ day of _____, 20_____,  In the State of Wyoming, County of _____  Signature of Notary Public _____  My Commission expires _____		SEAL

*Should you have any questions regarding this form, please contact the Customer Service Desk at 307-777-4810.*

**Mail to: WYDOT - Driver Services  
5300 Bishop Boulevard  
Cheyenne, WY 82009-3340**

**OR Fax to: 307-777-3823**