



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



COLORADO SEX OFFENDER EMPLOYMENT ADDENDUM

Sex Offender Registration Information

_____	_____	_____
(Sex Offender Last Name)	(First Name)	(Middle Name)

(Date of Birth)	(Social Security Number)	

Additional Employment Information

_____	_____	_____
(Employer)	(Occupation)	(Start Date)

(Street Address)	(City)	(State) (Zip Code)

(County)	(Contact Person)	(Phone)

_____	_____	_____
(Employer)	(Occupation)	(Start Date)

(Street Address)	(City)	(State) (Zip Code)

(County)	(Contact Person)	(Phone)

_____	_____	_____
(Employer)	(Occupation)	(Start Date)

(Street Address)	(City)	(State) (Zip Code)

(County)	(Contact Person)	(Phone)

Registrants Initials _____