



**COLORADO**  
Department of Revenue

HEARINGS DIVISION  
PO Box 17807  
Denver, CO 80217-0087  
Phone (303) 205-5606

**PROBATIONARY LICENSE CHANGE REQUEST FORM**

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

Name (print): \_\_\_\_\_

License Number: \_\_\_\_\_

Case Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I hereby request the following changes on my probationary driver's license:

New terms requested:

Purpose: \_\_\_\_\_

New Job/Name of Company: \_\_\_\_\_

Days of Week: \_\_\_\_\_

Hours: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**\*\*\* I hereby swear, under penalty of perjury, that I have not acquired any traffic citations during the period of the suspension or during the period of my probationary driver's license, and that my probationary driver's license has not been confiscated by any police or court authority.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMAIL TO: [dor\\_info\\_hearings@state.co.us](mailto:dor_info_hearings@state.co.us)**