

Probationary License Change Request Form

Date (MM/DD/YY)

Date of Birth (DOB)

Last Name

First Name

Middle Initial

License Number

Case Number

Mailing Address

City

State ZIP Code

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 (MM/DD/YY)

Email to: dor_info_hearings@state.co.us