

Optometrist/Ophthalmologist Statement for Individuals 80 Years of Age or Older Renewing Electronically

Instructions: Complete the "Driver/Patient Section" below. After completing the "Driver/Patient Section," have your optometrist/ophthalmologist complete and sign the "Optometrist/Ophthalmologist Section." Once the form is complete, upload it when completing your application for renewal at *myDMV.Colorado.gov*.

Driver/Patient Section		
Last Name	First Name	Middle Initial
Street Address		
City	State	ZIP
Customer Identification Number (CIN)	Date of Birth	
I hereby authorize my Optometrist/Ophthalmologist to complete and sign this form relating to the date and result of an eye examination, for the purpose of electronic renewal of my driver license under C.R.S. 42-2-118(1.5)(a)(III). I understand that information received by the DMV will be held in strict confidence per section 42-2-121, C.R.S., and the federal Driver's Privacy Protection Act, 18 USC 2721-25.		
Signature of Driver or Patient		Date

Optometrist/Ophthalmologist Section		
Full Name (Please Print)	License Number and State	
Street Address		
City	State	ZIP
I have examined the above stated applicant's vision and found it to meet the Colorado Vision Recommendations - 20/40 or better in either eye with or without corrective lenses, and total combined horizontal field of vision, with both eyes, of at least 120 degrees, or if blind in one eye, at least 60 degrees in the other eye. *If the minimum vision recommendation is not met, proceed with the DR2402 form and process. An in-person visit to a Driver License Office will be required.		
Date of Examination (must be within 6 months)		
Choose one <input type="checkbox"/> Corrective Lenses required <input type="checkbox"/> Corrective Lenses not required		
Signature of Optometrist/Ophthalmologist		Date