

## Request for an Extension of Driver License

Please print the following information

|                              |                                           |                      |
|------------------------------|-------------------------------------------|----------------------|
| Last Name (Print)            | First Name                                | Middle Name          |
| <input type="text"/>         | <input type="text"/>                      | <input type="text"/> |
| Date of Birth                | Colorado Driver License Number (if known) | Home Phone Number    |
| <input type="text"/>         | <input type="text"/>                      | <input type="text"/> |
| Email                        |                                           |                      |
| <input type="text"/>         |                                           |                      |
| Out-of-State Mailing Address |                                           |                      |
| <input type="text"/>         |                                           |                      |
| City                         | State                                     | ZIP Code             |
| <input type="text"/>         | <input type="text"/>                      | <input type="text"/> |

### Extension of a Valid Colorado Driver License

A one-year extension may be granted when temporarily out of state (please provide out-of-state mailing address above) or prevented by disability to apply in person.

- **\$6.65 fee** is required
  - **Additional \$1.00** fee is required to maintain a motorcycle endorsement. CRS 42-2-118 (1)(b)(II)
  - Please make check or money order payable to Colorado Department of Revenue. CRS 42-2-118(1)(b)(I)
- ☐ I am requesting a one-year extension because I am temporarily out of state (Please provide out-of-state mailing address). (\$6.65 fee)
- ☐ I am requesting a one-year extension because I am prevented by disability to apply for a permit or license in person. (\$6.65 fee)  
(Please include a medical note from your doctor requesting your driver license be extended because of a medical situation.)
- ☐ I am requesting that my motorcycle endorsement also be extended for one year. (\$1.00 additional fee)

By my signature below, I attest that I am requesting this license or permit, solely for the purpose of obtaining an extension of an instruction permit or minor driver license.

I hereby certify, under penalty of perjury, that the above information is true and correct. I understand that the use of a false or fictitious name; and/or knowingly making a false statement; and/or concealing material fact in this application may result in a fine, imprisonment, or both, and the cancellation of my Colorado driver license and/or identification card.

|                      |                      |
|----------------------|----------------------|
| Signature Required   | Date (MM/DD/YY)      |
| <input type="text"/> | <input type="text"/> |

## Military Extension of a Valid or Expired Colorado Driver License

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### Military extension:

- Provide a letter from the commanding officer stating that you are on active duty and currently serving outside the State of Colorado.
- **No fee is required.** CRS 42-2-118 (2)

☐ I am requesting a three-year extension because I am on active duty serving outside the State of Colorado. (Please enclose required letter)

☐ I am requesting that my motorcycle endorsement also be extended for one year. (No fee)

By my signature below, I attest that I am requesting this license or permit, solely for the purpose of obtaining an extension of an instruction permit or minor driver license.

I hereby certify, under penalty of perjury, that the above information is true and correct. I understand that the use of a false or fictitious name; and/or knowingly making a false statement; and/or concealing material fact in this application may result in a fine, imprisonment, or both, and the cancellation of my Colorado driver license and/or identification card.

Signature Required

Date (MM/DD/YY)