

Office Number  
Employee Number  
PIN  
Date

## Exceptions Processing Application

First/Middle Name(s) Last Name(s) Date of Birth

Other Name(s) Used

Other Date(s) of Birth Used

Street Address

City State ZIP Code

Mailing Address (if different than above)

City State ZIP Code

### How would you prefer to be contacted?

Text Number Phone Number Last 4 digits of individual Taxpayer Identification Number (ITIN) if applicable

Email Address Last 4 digits of Social Security Number (SSN) if applicable

By signing below, I hereby affirm under penalty of second degree perjury CRS 18-8-503(1) that the information provided above is my own and the above statements are true. I understand that it is a criminal offense to knowingly submit false information to the Colorado Department of Revenue, subject to prosecution and punishable by fines, incarceration, and/or loss of driving privileges under the following statutes:

- Forgery, CRS 18-5-102(1)(e)
- Identity Theft, CRS 18-5-902(1)(a)
- False Affidavit, CRS 42-2-137
- Unlawful Possession or Use of a License, CRS 42-2-136
- Criminal Impersonation, CRS 18-5-113
- Criminal Attempt to Influence a Public Servant, CRS 18-8-306

Applicant's Signature Date