DR 2020 (11/08/22)
COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
PO Box 173350
Denver CO 80217-3350
DMV.Colorado.gov

Office Number

**Employee Number** 

PIN

Date

## **Exceptions Processing Application**

First/Middle Name(s)	Middle Name(s)  Last Name(s)		Date o	Date of Birth	
Other Name(s) Used					
Other Date(s) of Birth I	Used				
Street Address					
City			State	ZIP Code	
Mailing Address (if diffe	erent than above)				
City			State	ZIP Code	
	How wo	uld you prefer to be contacted?	?		
Text Number	Phone Number	Last 4 digits of individual Taxpayer lo	dentification Number (IT	TN) if applicable	
Email Address		Last 4 digits of Socia	al Security Number (SS	N) if applicable	
What documentation h	ave you shown for a Dri	iver's License/ID/Permit? (i.e. birth certif	ficate, passport, etc.)		
Have you ever had including Colorado		rd or driver's license from any sta		es No	
If yes, which state(s)?					
Have you ever received a citation/ticket in the State of Colorado?			ΥΥ	es No	
Have you ever been suspended, revoked, or denied a driver's license in any state (including Colorado)?				es No	
If Yes, please list the a	ction(s) incurred.				

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

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