

# Driver License or ID Card Renewal by Mail and Voter Registration

## Instructions for Applicants 80 Years Old or Older

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**Thank you for participating in the driver license or ID card renew-by-mail program!** You are eligible to renew your license or ID card at any time during the period of the document before expiration, but may only renew by mail if your photo on file with the Department complies with federal Real ID photo requirements. If you are eligible to renew by mail you may also renew online at [myDMV.colorado.gov](http://myDMV.colorado.gov).

Please be sure to fill out the renewal application completely. Your application will be rejected if you fail to enclose your check, fail to sign your application or fail to complete all required fields. **Please allow four weeks to process your application. If you wish to have your name changed or a new photograph taken, you must appear at a driver license office.**

To add up to 2 emergency contacts to your Driver's License or ID card record, please visit our website at <https://myDMV.colorado.gov/e-Services/?Link=EmergencyContact>

Make check or money order payable to: **Colorado Department of Revenue**

Please write your 9-digit driver license or ID number on your check or money order.

Send completed application and payment to:

State of Colorado  
Department of Revenue  
Division of Motor Vehicles  
PO Box 173345  
Denver, CO 80217-3345

**Please do not send cash!**

**Online payments may be made at:** <https://myDMV.Colorado.gov>

If renewing online, additional payment options available include Visa, Mastercard, and American Express.

## Form Directions

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### **Please ensure you fill out the correct pages:**

- 1.** If you are a U.S. citizen or permanently lawfully present in the U.S. - Please review and complete pages 3, 4, 5, 6 and 7. (Pages 6 and 7 for U.S. citizens only)
- 2. If you are unable to demonstrate lawful Presence** - Please complete pages 3 and 4.  
Additionally, you must provide:
  - A.** Affidavit DR 2212A
  - B.** Proof of current residential address in Colorado.
- 3. If you are a Temporarily lawfully present individual** - You must renew in-person in a Driver's License Office.

### **Your application will be rejected if you:**

- **Fail to record your license number in the box above**
- **Fail to include the correct fee**
- **Fail to sign the application**
- **Fail to complete entire form**
- **Fail to provide required residency documents (for customers who are unable to demonstrate lawful presence)**
- **Fail to write clearly and legibly**

## Driver License or ID Card Renewal

**Please print your name exactly as it appears on your current Driver License or ID Card.**

First Name

Middle Name

Last Name

Suffix

**Please enter your current information.**

Height

Weight

Hair Color

Eye Color

**Please enter your current Driver License or ID Card Number.** This is required to process your application.

Driver License or ID Card Number

Date of Birth (MM/DD/YYYY)

Do you currently possess a Motorcycle endorsement?..... Yes No

Do you wish to retain this Motorcycle endorsement? (If you answered yes, please include an additional \$2.00 and indicate amount in the amount paid section.)..... Yes No

**A.** Is your driving privilege under suspension, revocation, or denial in Colorado or any other state?..... Yes No

**B.** Do you have a valid driver license from any other state?..... Yes No

If yes, which State?.....

**C.** During the past 2 years have you had any physical, mental, or emotional conditions that would interfere with your ability to safely operate a motor vehicle including heart problems, diabetes, paralysis, epilepsy, seizures, lapses of consciousness, or dizziness?..... Yes No

## Driver License or ID Card Renewal

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Colorado Residence Address

City State ZIP Code

Current Mailing Address

City State ZIP Code

For males 18 years of age and older: By submitting this application, I am consenting to being registered with Selective Service if so required by federal law.

To complete your renewal by mail, please have your optometrist or ophthalmologist sign where indicated after completing the following information.

Name of Applicant Driver License or ID Card Number

I have examined the above stated applicant's vision and found it to meet the minimum of 20/40 in the better eye as required by law.

Corrective Lenses Not Required

Corrective Lenses Required

Date of Evaluation (Must be within 6 months)

Today's Date

Signature Optometrist/Ophthalmologist's License Number

Optometrist/Ophthalmologist (Please Print Name)

Title

Address Telephone Number

City State ZIP Code

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 of Applicant Date

## Anatomical Gift

### Organ and Tissue Donation

Do you wish to be listed as an organ and tissue donor in the Donate Life Colorado Registry? (If "yes", a heart will appear on the front of your Driver License or ID card)?..... Yes No

Would you like to donate \$1.00 or more to the Emily Keyes - John W. Buckner Organ and Tissue Donation Awareness Fund to increase awareness about the need for organ and tissue donation?..... Yes No

**For more information about organ and tissue donation, call Donor Alliance, 303-329-4747**

**or toll free 1-888-868-4747. Web site, [www.donoralliance.org](http://www.donoralliance.org)**

### Indicate Amounts Paid

#### Select Only One:

Regular Colorado Driver License.....(\$32.00) .

Customers unable to demonstrate lawful presence.....(\$34.00) .

Identification Card (Free for customers over 60).....(\$0.00) .

Motorcycle Endorsement (If on current license).....(\$2.00) .

Organ & Tissue Donation Awareness Fund Voluntary Donation.....(\$1.00 or more) .

Enter Total Amount Enclosed - \$ .

**Please enter your current Driver License or ID Card Number.** This is required to process your application.

Driver License or ID Card Number

The state may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

# For Voter Registration (U.S. Citizens Only)

Last Name

First Name

Middle Name

Date of Birth

Driver's License or ID Number

(Optional) Sex Identity:

Male

Female

X

Are you a U.S. citizen? (Required)

Yes

No (If you're not a U.S. citizen, you're not eligible to register to vote)

Do you want to choose a political party affiliation (required to participate in a party caucus)?

American Constitution

Democratic

Green

Libertarian

No Labels

Forward

Approval Voting

Republican

Unity

Unaffiliated

Center

I want to receive email reminders from my local election office about upcoming elections (print email address):

Residence Address

County

City

State ZIP Code

Former Address

County

City

State ZIP Code

Mailing Address

County

City

State ZIP Code

Former Name

Email Address

## Affirmation

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**Warning:** A violation of the self-affirmation you are about to make is a criminal act under the laws of this state and will subject you to the penalties provided by law. It is a Class 1 Misdemeanor to swear or affirm falsely as to your qualifications to register to vote.

I am aware that if I register to vote in Colorado, I am also considered a resident of Colorado for motor vehicle registration and operation purposes and for income tax purposes.

I,  
affirm that I am a citizen of the United States; I have been a resident of Colorado for at least twenty-two days immediately before an election I intend to vote in; I am at least fifteen years old; and I understand that I must be at least eighteen to be eligible to vote in any election. I further affirm that the residence address I provided is my sole legal place of residence. I certify under penalty of perjury that the information I have provided on this application is true to the best of my knowledge and belief; and that I have not, nor will I, cast more than one ballot in any election.

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**Signature or Mark** (For Voter Registration **Only**)

Date (MM/DD/YY)

Witness Signature\*

Date (MM/DD/YY)

\* If you are unable to sign, you must make a mark and a witness to the mark must sign here.