DR 2989 (04/28/23)
COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
P.O. Box 173345
Denver, CO 80217-3345
DMV.Colorado.gov

## Request for a Duplicate Instruction Permit/Driver License

## Please print the following information

Last Name	First Name	Middle Initial
Date of Birth (MM/DD/YY)	Colorado Driver License Number (if knowr	1)
Phone	Email	
Mailing Address		
City		State ZIP Code
If a Colorado Instruction Permit or a Colo	orado Driver License is lost, stolen, or dest	royed:
A duplicate may be requested in personal contents.	son at any Colorado Driver License Office	
temporarily out-of-state and provide	d by holders of a Real-ID compliant creder an out-of-state mailing address (Exception or License issued to a Temporarily Lawfully	n: a duplicate of a
<ul> <li>A \$12 fee is required for a first duplic</li> </ul>	cate.	
<ul> <li>A \$16 fee is required for a second du</li> </ul>	uplicate.	
attestation that the request is solely f	16 fee are required for any additional dupl for the purpose of obtaining a duplicate of r license in accordance with CRS 42-2-117	a lost stolen or
	cense or permit solely for the purpose of red	. •
(Please Check One) O Lost (	Stolen O Destroyed	
that use of a false or fictitious name; and	that the above information is true and corr /or knowingly making a false statement; and It in a fine, imprisonment, or both and the cation Card.	nd/or concealing
Signature Required		Date (MM/DD/YY)