

Colorado Driver License/Instruction Permit/Identification Card Application for Disability Identifier Symbol

Full Name

Street Address

DL/ID Number (if applicable)

City

State

ZIP Code

I have a disability as defined in the federal "Americans with Disabilities Act of 1990", 42 U.S.C. Sec. 12101 et seq., and the disability interferes with my ability to effectively communicate with a peace officer. I request that the Department of Revenue issue a driver license, identification card, or identification document bearing a disability identifier symbol.

I hereby authorize a Professional, as defined in 1 CCR 204-30 Rule 4, to submit information to the Colorado Department of Revenue - Division of Motor Vehicles (DMV) relating to my disability as defined in the federal "Americans with Disabilities Act of 1990", 42 U.S.C. Sec. 12101 et seq. for the purpose of obtaining a driver license, identification card, or identification document bearing a Disability Identifier Symbol.

I understand that information received by the DMV will be held in strict confidence per section 42-2-121, C.R.S., and the federal Driver's Privacy Protection Act, 18 USC 2721-25.

Signature of Applicant

Date (MM/DD/YY)

Professional Statement

Full Name

License or Certificate Number and Issuing US State

Street Address

City

State

ZIP Code

I affirm, under penalty of perjury:

- The person named above has a disability as defined in the federal “Americans with Disabilities Act of 1990”, 42 U.S.C. Sec. 12101 et seq., **and the disability interferes with the person’s ability to effectively communicate with a peace officer.**
- I am a physician licensed to practice medicine under Section 12-240-107(3)(i), a physician assistant licensed under Section 12-240-113, a mental health professional licensed or certified pursuant to Article 245 of Title 12, an advanced practice nurse registered under Section 12-255-111, a person with a master’s degree in rehabilitation counseling, or a physician, physician assistant, mental health professional, or advanced practice registered nurse authorized to practice professionally by another state that shares a common border with Colorado.

Signature of Professional

Date (MM/DD/YY)