



PROBATIONARY LICENSE CHANGE REQUEST FORM

Date: _____

DOB: _____

Name (print): _____

License Number: _____

Case Number: _____

Return Fax Number # /Mailing: _____

I hereby request the following changes on my probationary driver's license:

New terms requested:

Purpose: _____

New Job/Name of Company: _____

Days of Week: _____

Hours: _____

Other: _____

***** I hereby swear, under penalty of perjury, that I have not acquired any traffic citations during the period of the suspension or during the period of my probationary driver's license, and that my probationary driver's license has not been confiscated by any police or court authority.**

Signature: _____ Date: _____

EMAIL TO: dor_info_hearings@state.co.us