

Office #:	
Employee #:	
PIN:	
Date:	

Exceptions Processing Application

First Name	Last Name	Date of Birth	
Other Name(s) Used		Other Dates of Birth Used	
Street Address	City	State	Zip
Mailing Address (if different than above)	City	State	Zip
How would you prefer to be contacted?			
<input type="checkbox"/> Text Number ()		<input type="checkbox"/> Phone Number ()	
<input type="checkbox"/> Email Address		<input type="checkbox"/> Voice Mail ()	
Last 4 of Social Security Number (SSN) if applicable		Last 4 of individual Taxpayer Identification Number (ITIN) if applicable.	
Have you ever had an identification card or driver's license from any state, including Colorado?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state(s)?			
What documentation have you shown for a DL/ID/Permit? (i.e. birth certificate, passport, etc.)			
Have you ever received a citation/ticket in the State of Colorado?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been suspended, revoked, or denied a driver's license in any state (including Colorado)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list the action(s) incurred.			
By signing below, I hereby affirm under the 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, punishable by fines, incarceration, and/or loss of driving privileges.			
Applicants Signature			Date (MM/DD/YY)