

APPLICATION FOR REINSTATEMENT

Complete the required information* in both the upper and lower sections of this form.

Call our Customer Service agents at **303-205-5613** to find out exactly what you need to do in order to reinstate your driving privilege.

Once you have completed all the requirements, return this entire form with payment and all required documents to:

**COLORADO DEPARTMENT OF REVENUE
DRIVER CONTROL REINSTATEMENT
P.O. BOX 173345
DENVER, CO 80217-3345**

Reinstatement fee **\$60.00**. Make your check payable to "Department of Revenue."

Do not send any more or any less than \$60.00. Do not send cash.

If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

Liability 6621

*First Name (Full Name Printed)	*Middle	*Last
*Date of Birth	Colorado License / ID Number (if known)	
*Mailing Address		
*City	*State	*ZIP
Daytime Phone Number ()	Evening Phone Number ()	
EMail Address		
The mailing address you provide on this form will be used for correspondence related to your reinstatement. Would you like for this address to be used for all other Driver Control correspondence as well? (If answered "Yes", you must sign below.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature		Date

DO NOT WRITE IN THIS SPACE

When you receive your letter of clearance in the mail you may go into a drivers license office for a new document if required.

INFORMATION BELOW IS REQUIRED TO PROCESS YOUR REQUEST

APPLICATION FOR REINSTATEMENT

*First Name (Full Name Printed)	*Middle	*Last
*Date of Birth	Colorado License / ID Number (if known)	

If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

Liability 6621

DO NOT WRITE BELOW THIS LINE

FEE: \$60.00