



DR 2330 (12/17/18)
COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
PO Box 173345
Denver, CO 80217-3345
mydmv.colorado.gov

Driver License or ID Card Renewal by Mail and Voter Registration Instructions for Applicants 65 Years Old or Older

Thank you for participating in the driver license or ID card renew-by-mail program! You are eligible to renew your license or ID card at any time during the period of the document before expiration, but may only renew by mail every other renewal period. If you are eligible to renew by mail you may also renew online at mydmv.colorado.gov.

Please be sure to fill out the renewal application completely. Your application will be rejected if you fail to enclose your check, fail to sign your application or fail to complete all required fields. **Please allow eight weeks to process your application. If you wish to have your name changed or a new photograph taken, you must appear at a driver license office.**

To add up to 2 emergency contacts to your Driver License or ID card record, please visit our website at www.colorado.gov/apps/dor/emergency/contact/start.jsf

Make check or money order payable to: **Colorado Department of Revenue**

Please write your 9-digit driver license or ID number on your check or money order.

Send completed application and payment to:

**State of Colorado
Department of Revenue
Division of Motor Vehicles
PO Box 173345
Denver, CO 80217-3345**

Please do not send cash!

Online payments may be made at: <http://mydmv.colorado.gov>

If renewing online, additional payment options available include Visa, Mastercard, and American Express.

Form Directions

Please ensure you fill out the correct pages:

1. If you are a U.S. citizen or permanently lawfully present in the U.S. - Please review and complete pages 2, 3, and 4.*
*Page 4 for U.S. citizens only
2. If you are unable to demonstrate lawful Presence - Please complete pages 2 and 3.**
**Additionally, you must provide:
 - A. Affidavit DR 2212A (adults over 18 years of age) or DR 2212B (minors under 18 years of age)
 - B. A copy of your certified proof of Colorado tax return filing from the immediately preceding tax year and current proof of residency, *OR* proof of residence in CO for the prior 2 years.
3. If you are a Temporarily lawfully present individual - You must renew in-person in a Driver License Office.

Your application will be rejected if you:

- **Fail to record your license number in the box above**
- **Fail to include the correct fee**
- **Fail to sign the application**
- **Fail to complete entire form**
- **Fail to provide required residency documents (for customers who are unable to demonstrate lawful presence)**



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Driver License or ID Card Renewal

Please Print Your Name Exactly as it Appears on Your Current Driver License or ID Card									
First	Middle				Last			Suffix	
Height	Weight	Hair		Eyes	← Please Enter Current Information				
Driver License or ID Card Number		-							
					← Please Enter Current Driver License or ID Card Number This is required to process your application.				
Date of Birth		-							
							Do you currently possess a Motorcycle endorsement? <input type="checkbox"/> No <input type="checkbox"/> Yes		
							Do you wish to retain this Motorcycle endorsement? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If you answered yes, please include an additional \$2.00 and indicate amount in the amount paid section.									
A. Is your driving privilege under suspension, revocation, or denial in Colorado or any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes									
B. Do you have a valid driver license from any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which state _____									
C. During the past 2 years have you had any physical, mental, or emotional conditions that would interfere with your ability to safely operate a motor vehicle including heart problems, diabetes, paralysis, epilepsy, seizures, lapses of consciousness, or dizziness? <input type="checkbox"/> No <input type="checkbox"/> Yes									
Driver License or ID Card Renewal									
Colorado Residence Address						City	State	ZIP Code	
Current Mailing Address						City	State	ZIP Code	
For males 18 years of age and older: By submitting this application, I am consenting to being registered with Selective Service if so required by federal law.									
To complete your renewal by mail, please have your optometrist or ophthalmologist sign where indicated after completing the following information.									
Name of Applicant						Driver License or ID Card Number			
I have examined the above stated applicant's vision and found it to meet the minimum of 20/40 in the better eye as required by law. <input type="checkbox"/> Corrective lenses required <input type="checkbox"/> Corrective lenses not required									
Date of Evaluation (must be within 6 months)						Today's Date			
Signature						Optometrist/Ophthalmologist's License Number			
Optometrist/Ophthalmologist (Please Print Name)						Title			
Address						City	State	ZIP	Telephone Number ()
I hereby certify, under penalty of perjury, that the above information is true and correct. I understand that the use of a false or fictitious name; and/or knowingly making a false statement; and/or concealing material fact in this application may result in a fine, imprisonment, or both, and the cancellation of my Colorado driver license and/or identification card.									
Signature of Applicant								Date	



For Voter Registration (U.S. Citizens Only)

Name (First, Middle, Last)				(Optional) Sex Identity <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
Date of Birth	Driver's License or ID Number		Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered No, you are not eligible to register to vote)		
Do you want to choose a political party affiliation (required to participate in a party caucus)?					
<input type="checkbox"/> American Constitution <input type="checkbox"/> Approval Voting <input type="checkbox"/> Democratic <input type="checkbox"/> Green <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Unity <input type="checkbox"/> Unaffiliated					
If "Unaffiliated" was selected, you can choose which party's ballot to receive in the next primary election, or select "Receive all ballots."					
<input type="checkbox"/> American Constitution <input type="checkbox"/> Approval Voting <input type="checkbox"/> Democratic <input type="checkbox"/> Green <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Unity <input type="checkbox"/> Receive all major party ballots					
I want to receive email reminders from my local election office about upcoming elections (print email address):					
Residence Address		County	Former Address		County
City	State	ZIP Code	City	State	ZIP Code
Mailing Address		County	Former Name		
City	State	ZIP Code	Email Address		
AFFIRMATION					
Warning: A violation of the self-affirmation you are about to make is a criminal act under the laws of this state and will subject you to the penalties provided by law. It is a Class 1 Misdemeanor to swear or affirm falsely as to your qualifications to register to vote.					
I am aware that if I register to vote in Colorado, I am also considered a resident of Colorado for motor vehicle registration and operation purposes and for income tax purposes.					
I affirm that I am a citizen of the United States; I have been a resident of the State of Colorado for at least twenty-two days immediately prior to an election in which I intend to vote; and I am at least sixteen years old and understand that I must be eighteen years old to be eligible to vote. I further affirm that my present address as stated herein is my sole legal place of residence, that I claim no other place as my legal residence, and that I understand that I am committing a felony if I knowingly give false information regarding my place of present residence. I certify under penalty of perjury that I meet the registration qualifications; that the information I have provided on this application is true to the best of my knowledge and belief; and that I have not, nor will I, cast more than one ballot in any election.					
Signature or Mark (For Voter Registration Only)		Date	*Witness Signature		Date
* If you are unable to sign, you must make a mark and a witness to the mark must sign here					