

APPLICATION FOR REINSTATEMENT

(PLEASE PRINT OR TYPE)

Complete the required information below.*

If unsure of your specific reinstatement requirements call Customer Service at **303-205-5613**.

Allow 20 business days for processing.

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 **\$95.00**. Make your check or money order payable to "Department of Revenue."
Do not send any more or any less than \$95.00. Do not send cash.

***Required Information**

*First Name (Printed)	*Middle Name	*Last Name	
*Date of Birth		Colorado License/ID Number (if known)	
*Mailing Address <small>The mailing address you provide will only be used for correspondence related to your reinstatement. Use Form 2285 for an official change of address with the Department.</small>			
*City		*State	*ZIP
Daytime Phone Number ()	Evening Phone Number ()	Email Address	Date
If you had to get an ignition interlock device provide the name of the company:			
*Print name of person paying for reinstatement if other than yourself.			

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Total	\$95.00
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Did you do the following?

1. Find out your specific reinstatement requirements?
For help call Customer Service at 303-205-5613.
2. Include all documents needed to process your reinstatement?
3. Complete all required information on the application?
4. Include your check or money order for \$95?
5. Please include your Colorado license or ID number on your payment (if known).

A cancelled check does not mean your reinstatement is complete. **We will mail you a Letter of Clearance when your reinstatement is complete.** After reinstatement you may be required to apply for a new license. If a written and/or drive test is needed you must go to a full service Driver's License office. Check our web site for locations.

www.colorado.gov/revenue/dmv

Liability 6621 \$60.00 6622 \$35.00



AFFIDAVIT OF ENROLLMENT LEVEL II DRUG AND ALCOHOL EDUCATION AND TREATMENT

THIS SECTION TO BE COMPLETED AND RETURNED TO THE DMV DRIVER CONTROL SECTION		
Name	Date of Birth	Colorado PIN
Date of Admission	Agency Name	Agency ID
Track Assigned	Estimated Date of Completion	
Signature of Authorized Staff Member	Date	
<p>1. As a condition for the reinstatement of driving privileges, I must complete a Level II alcohol and drug education and treatment program. I understand that the agency providing this service is required to report any noncompliance with the terms of such program and that a report of noncompliance may result in cancellation of my driver's license and denial to reapply until evidence of successful completion of a licensed education and treatment program is provided and any other reinstatement requirements are met.</p> <p>2. If notice of noncompliance is received by the Division of Motor Vehicles - Driver Control Section from the agency listed above, one of the following documents must also be received <i>within 20 days</i>.</p> <ul style="list-style-type: none"> • Notice from that agency that the terms and conditions of the program are now being met. • A discharge referral summary indicating successful completion of a Level II education and treatment program from the agency listed above. • A new Affidavit of Enrollment indicating admission to another licensed Level II program. <p style="text-align: center;"><i>Failure to provide these documents will result in cancellation and denial of driving privilege.</i></p>		
Signature of Applicant	Date	

THIS SECTION TO BE RETAINED IN THE RECORDS OF THE AGENCY PROVIDING LEVEL II EDUCATION AND TREATMENT PROGRAM		
Client Name	Date of Birth	
Track Assigned	Estimated Date of Completion	Colorado PIN
<p>Pursuant to §42-2-144, C.R.S. the following information must be forwarded to the Division of Motor Vehicles, Driver Control Section regarding this client.</p> <ul style="list-style-type: none"> • Report of noncompliance with the terms and conditions of this program - within 5 days of occurrence. • Report of completion of program with a discharge referral summary showing: admission date, discharge date, and indicating successful completion of track assigned - not more than 20 days following completion date. • Report of compliance with terms and conditions of program - quarterly. 		

RESTRICTED LICENSE IGNITION INTERLOCK AGREEMENT AFFIDAVIT

Name	CO PIN	
Address		
City	State	ZIP

As a condition of my reinstatement, pursuant to §42-2-132, C.R.S., I hereby certify that:

1. I have obtained a signed lease agreement for the installation and use of an approved ignition interlock device as defined in section §42-2-132.5 (6), C.R.S.
2. I understand and agree that I must obtain and hold an Interlock Restricted driver license/permit for the entire period of the ignition interlock restriction. **The Restricted license/permit must be issued within 20 days of reinstatement or I will be required to obtain a new lease agreement from the interlock provider and have the interlock device in my car for additional time.**
3. I have obtained such an agreement for each vehicle on which my name appears as owner or co-owner and any other vehicle I may have access to drive during the restricted license period.
4. I understand that to do an early reinstatement with the ignition interlock device, I must be a Colorado resident and must remain a Colorado resident for the period of time I have a contract for the ignition interlock device. Should I become a resident of another state while I am still completing my early reinstatement obligations, I understand that a suspension may be taken against my driving privilege according to §42-2-132.5 (5), C.R.S.
5. I understand that there may be additional requirements, obligations, and restrictions imposed by the ignition interlock provider.
6. I have obtained the consent of any owner or co-owner of the ignition interlock vehicles.
7. I understand that I will be held responsible for and my driving privilege is dependent on the proper use of the ignition interlock device regardless of who may operate the ignition interlock equipped vehicle.
(See reverse side)

I hereby certify that the above information given is true and correct and I understand that any false information given will be cause for cancellation of my driving privilege.

Signature	Date
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	Subscribed and affirmed, or sworn to before me this _____ day of _____, 2_____ In the County of _____ State of _____
	Notary Signature
	Commission Expiration Date

MANDATORY OR VOLUNTARY RESTRICTED LICENSES FOLLOWING ALCOHOL CONVICTION

IN ACCORDANCE WITH §42-2-132.5, C.R.S., YOU MUST NOW COMPLY WITH THE FOLLOWING:

You must apply for, and hold, a license or permit, restricted to the use of an approved ignition interlock device, for the entire period of the license restriction, even if you do not intend to drive after your privilege is restored.

You will be required to qualify for this license by passing a written and basic drive test. If your driving privilege was restored by providing an Affidavit of Non-Ownership, the basic drive test will be *postponed* until your renewal to a non-restricted license, or until you have a vehicle equipped with an approved interlock device.

You must apply and receive your ignition interlock restricted license within 20 days of reinstatement.

PLEASE BE ADVISED OF THE FOLLOWING:

During the period of license restriction (ignition interlock) you may only operate a motor vehicle equipped with an approved interlock device:

As a condition of your reinstatement you have agreed to install an interlock device in all motor vehicles you own, co own or have access to. If you are contacted operating any other vehicle during the period of license restriction (ignition interlock), or if any interlock device is bypassed or otherwise tampered with, you will be subject to immediate revocation of driving privilege. A violation of this license restriction is a class 1 traffic misdemeanor.

If your driving privilege was restored by providing an Affidavit of Non-Ownership, and you become an owner, co-owner or otherwise have access to a vehicle, you must obtain a signed lease agreement for the installation and use of an approved ignition interlock device as defined in 42-2-132.5 (6), C.R.S. for a period equal to the remaining period of the restricted (ignition interlock) license.

Your period of license restriction (ignition interlock) may be extended:

Data from your interlock device will be collected and forwarded to Driver Control regularly. The Department is authorized to extend your period of license restriction if attempts to operate the vehicle following alcohol consumption are reported. Failure to comply with an extended license restriction (ignition interlock), if ordered, or termination of any lease agreement before the end of the restricted licensing period will subject your driving privilege to an indefinite suspension.

When the period of license restriction (ignition interlock) has expired:

Your restricted (ignition interlock) license will be issued to expire 20 days after the interlock requirement is over. You may apply for a non-restricted license any time after the last day of ***your interlock requirement***. Please apply for renewal to a non-restricted license (ignition interlock device no longer required) before having ignition interlock device removed from your vehicle(s).

Ignition Interlock Providers

Smart Start, Inc.
1-800-880-3394
Westminster, CO 80030

National Interlock Services Ltd.
1-800-475-5490
Aurora, CO 80030

Guardian Interlock Systems
1-800-499-0994
Denver, CO 80022

Draeger Safety Diagnostics, Inc.
1-800-332-6858
Denver, CO 80216

CERTIFICATION

(PLEASE PRINT)

Full Name	PIN Number (if known)
Date Of Birth	Case Number (if known)
Phone Number	Email Address

In order to qualify for restoration of my driving privileges following my revocation either for driving with too much alcohol in my system or for refusing to cooperate with the chemical testing process, I certify that I understand and agree to the following:

	INITIALS
By law, I can be considered to be driving even if the vehicle's engine is not running and the vehicle is stationary.	
Any alcohol, marijuana, drugs and many prescription medications can impair my ability to drive.	
If I drive while impaired by ANY substance, I violate the law.	
I cannot judge my level of impairment simply by the way I feel.	
I can still be impaired the morning following consumption.	
Alcoholic beverages vary in size and strength. I cannot judge my level of impairment simply by counting the number of drinks I've had.	
The first ability that is impaired by alcohol is the ability to make appropriate choices.	
My choices regarding driving after consuming alcohol or drugs have caused me to lose my driving privileges. I have taken steps to ensure that I will not put myself in the position to make this choice again.	
The best practice is to completely separate my consumption of alcohol and/or drugs from driving. I can ALWAYS make the choice not to drive.	
If I choose to drive impaired again, even if no one is harmed, I will: <ul style="list-style-type: none"> • Be deemed to be a Persistent Drunk Driver; • Have to complete an extensive and expensive course of alcohol and/or drug treatment; and • Have the ignition interlock restricted driving privilege for at least 2 years. 	
Signature	Date

Please note: In addition to your signature and date, you must initial all items above for this form to be accepted.

OUT OF STATE RESIDENCY AFFIDAVIT (§ 42-7-408, C.R.S.)

DRIVER SECTION: to be completed by a driver under a Colorado SR22 requirement, in the presence of a Notary Public		
I, _____, do hereby attest to the following facts concerning my State of residency. <small style="margin-left: 100px;">(please print full name)</small>		
1. On ____/____/____ I became a resident of the State of _____.		
Current Address	Date of Birth	
City	State	ZIP Code
2. I applied for a driver's license in the above state on ____/____/____.		
I swear and attest that the aforementioned statements are true and correct, under the penalties of perjury. If I return to the State of Colorado prior to the expiration date of the SR22 requirement period, I understand that I will be required to provide an SR22 for the balance of the period of requirement.		
Signature of Driver (affidavit)	Date	
NOTARY PUBLIC SECTION:		
Subscribed and sworn before me this _____ day of _____, 20_____.		
My commission expires	Seal	
Signature of Notary Public		
DRIVER'S LICENSING OFFICIAL: to be completed by an official of the driver's licensing authority in the state of residence.		
The above named person has either obtained/applied or attempted to apply for a driver's license in this state. If cleared by the State of Colorado, the driver is eligible for driving privileges in this state.		
State	Date	
Licensing Official's Name	Title	
Licensing Official's Signature	Phone ()	
Mailing Address		
City	State	ZIP Code

**IN ORDER FOR OUR DEPARTMENT TO ACCEPT THIS FORM,
 ALL 3 SECTIONS MUST BE COMPLETED IN FULL.**