

DR 2577 (11/98)  
**COLORADO DEPARTMENT OF REVENUE**  
 MOTOR VEHICLE DIVISION  
 DRIVER SERVICES ROOM 164  
 DENVER CO 80261-0016  
 (303) 205-5613

No. \_\_\_\_\_

## REQUEST FOR ADMINISTRATIVE HEARING

Because I have received an Order of Revocation of my driver's license and/or driving privileges, I hereby request a hearing pursuant to Section 42-2-126(8) C.R.S.

Name (Last) (First) (Middle)			Date of Notice				
Address						DOB: Month Day Year	
City, State, ZIP							
Mailing Address (if different than above)							
City, State, ZIP							
Driver License Number	Class	State	Sex	Weight	Height	Hair	Eyes
Restrictions							
Date of Request	Office & Number	Examiner's Signature					
<input type="checkbox"/> <b>TEMPORARY PERMIT NOT ISSUED</b> Reason(s): _____							
<input type="checkbox"/> HEARING NOT GRANTED - LICENSE NOT SURRENDERED <input type="checkbox"/> HEARING NOT GRANTED - BEYOND SEVEN (7) DAYS (DR2576) <input type="checkbox"/> HEARING NOT GRANTED - NOT REQUESTED PRIOR TO EFFECTIVE DATE (DR 2624)							
<input type="checkbox"/> HEARING REQUESTED BY: _____ RELATIONSHIP _____ Address: _____							
Officer Name				Officer Number			
Enforcement Agency				Location of Arrest (city, county)			
Did you submit to a chemical test?		<input type="checkbox"/> YES		<input type="checkbox"/> NO			
Do you want the law enforcement officer present at your hearing?		<input type="checkbox"/> YES		<input type="checkbox"/> NO (See reverse side)			
Daytime Phone Number	Extension	Signature					

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**Temporary Permit not valid if separated from hearing request**  
**COLORADO TEMPORARY PERMIT**

This permits the person named hereon to drive a motor vehicle as shown by class for 60 days after date of issue or until the first scheduled date for a hearing, whichever first occurs. Issued pursuant to Section 42-2-126 (8)(d)C.R.S.

Signature of applicant \_\_\_\_\_

**COLORADO DEPARTMENT OF REVENUE**  
**DRIVER CONTROL**