



# COLORADO

Department of Transportation

**Entity Change Form**

Date: \_\_\_\_\_

Use this form to highlight changes to the Entity such as name, address or proctor.

Name of Entity: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PROCTOR Addition:**

Provide the following information for each proctor with whom you have an agreement to provide training services.

Name(as it appears on driver's license)	Telephone and Email Address	Signature of Proctor/Date
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PROCTOR Deletion:**

Provide the following information for each proctor with whom you no longer have an agreement to provide training services.

Name(as it appears on driver's license)	Reason for Deletion	Signature of Proctor/Date
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Designated Contact/Representative:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_