REQUEST FOR DRIVER ABSTRACT

North Dakota Department of Transportation, Drivers License & Traffic Safety Division

SFN 51386 (Rev. 08-2005)

FEE IS $3.00 PER RECORD

Identity of Person/Company Requesting Information:

Requester's Name			
Requester's Address	City	State	Zip Code
Requester's Phone Number			
Company Represented	Reason		

Record(s) Requested

1. Name	Date of Birth	DLN
2. Name	Date of Birth	DLN
3. Name	Date of Birth	DLN
4. Name	Date of Birth	DLN

Requester's Signature _____ Date _____

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