APPLICATION FOR A NORTH DAKOTA SEASONAL LICENSE

North Dakota Department of Transportation, Drivers License
SFN 16275 (10-2018)

DLN | | | | | | | | | |

Name of Driver (Last, First & Middle)	Select One (See reverse side) ☐ 90 Day ☐ 180 Day		Seasonal Issue Start Date
Mailing Address	City	State	ZIP Code
Telephone Number	Social Security Number		Date of Birth

A. DRIVER RECORDS CERTIFICATION

I certify under penalty of law that I currently am and have been a licensed **North Dakota** driver for one or more years, I am an employee in the agri-business service industry, and within the past two years:

- ☐ I have not had more than one license valid at the same time.
- ☐ I have not had my driving privileges suspended, revoked, or canceled.
- ☐ I have not been convicted of any serious traffic violations or any disqualifying offenses contained in 49 CFR 383.51(b) & (c).
- ☐ I have not had any conviction for a violation of state or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with any traffic accident and no record of an at-fault accident.

B. PHYSICAL CERTIFICATION

1. Do you have a physical or medical condition? If yes, list condition and date of diagnosis: _____	☐ Yes ☐ No
2. Do you have a history of epliepsy, blackout attacks, or other lapse of consciousness? If yes, give date of last episode: _____	☐ Yes ☐ No
3. Do you have a diabetic condition requiring insulin for control?	☐ Yes ☐ No
4. Do you have a heart condition? If yes, explain: _____	☐ Yes ☐ No
5. Have you ever been adjudged incompetent or been disabled due to a mental illness? If yes, explain: _____	☐ Yes ☐ No
6. Do you habitually use alcoholic beverages or narcotic drugs to excess?	☐ Yes ☐ No

C. VISUAL CERTIFICATION

Vision screening must be completed by a driver examiner, physician, or optometrist. (See Reverse Side)

D. COMMERCIAL MEDICAL CERTIFICATION (DOT CARD)

You must check one of the following: **Medical Certificate must be carried by the driver in both cases.**

- ☐ I certify my commercial transportation is Intrastate (do not cross state lines). Do not attach medical certificate.
- ☐ I certify my commercial transportation is Interstate (crosses state lines). Must attach copy of medical certificate.

E. APPLICANT SIGNATURE AND DATE

Applicant Signature	Date

F. Notary Public Signature/Seal

I certify under penalty of law the company listed is the employer of the employee listed.

Company Name	Employee Name
Employer Email Address	Employer Signature

STATE OF NORTH DAKOTA)
COUNTY OF _____)ss
Subscribed and sworn to before me this _____day of _____, 20_____

(SEAL)

Notary Public: _____
My commission expires: _____

FEDERAL PRIVACY ACT OF 1974
Disclosure of the individual's social security number on this form is mandatory pursuant to NDCC 39-06-07. The individual's social security number is used by the Department for file control purposes and record keeping.

VISION EXAMINATION

This certificate of examination must be completed by a physician, optometrist, or driver examiner. This statement must give the corrected and uncorrected vision of the applicant, field of vision and ability to distinguish colors.
Vision results cannot be older than 6 months.

ACUITY VISION	RIGHT EYE	LEFT EYE	BOTH EYES
Actual Vision Without Correction	20/	20/	20/
Vision Corrected To	20/	20/	20/

Field of Vision in Degrees (Requires Numbers)	
Right Eye	**Left Eye**
Temporal	Temporal
Nasal	Nasal

Does the applicant have the ability to distinguish the colors red, green, and amber?	☐ Yes ☐ No

Comments

Signature of Eye Specialist/Examiner	Date
Address	Business Telephone Number

IMPORTANT INFORMATION

Only **one** 180 day or **two** 90 day seasonal licenses will be issued in a 12 month period.
Please indicate your choice on the front of the application and write in the date you want your seasonal license to be processed at the central Office.
A new application and $15 fee is required **each** time a seasonal license is issued.

Note: The 90 day option provides the opportunity to meet two 'seasonal' periods within the 12 month timeframe. No fee or vision exam is required for the **second** 90 day seasonal license.

☐ Check Box if this is your second 90 day seasonal license within the current 12 month timeframe.

Only employees eighteen years of age or older are eligible for a restricted seasonal drivers license. Waiver authorization pursuant to 49 CFR 383.3. The restrictions and limitations are described below.

Seasonal CDL class code - **Class B or C** - any single vehicle (or any such vehicle towing a trailer 10,000 pounds GVWR or less.) **Not** valid for class A or M vehicle group. **Not** valid for passenger bus designed to transport 16 or more passengers including the driver.

Seasonal CDL Restrictions "W"

* May operate Class B or C vehicle groups within 150 miles from place of business or farm being served.
* May transport farm agricultural products, farm machinery, and supplies.
* Limited to transporting the following placarded hazardous materials:
 - Diesel fuel of 1,000 gallons or less
 - Liquid fertilizer in vehicles with a total capacity of 3,000 gallons or less
 - Solid fertilizers that are **not** mixed with any organic substance

Mail application and $15 commercial license fee to:

DRIVERS LICENSE DIVISION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750