APPLICATION FOR NORTH DAKOTA DRIVERS LICENSE, PERMIT, OR IDENTIFICATION

North Dakota Department of Transportation, Drivers License
SFN 6763 (7-2019)

OR / NR / A00
ID / IP / CLP / DL / CDL
Fee(s) Collected: Amt: $_____

DLN | | | | | | | | | |

DOS
☐ Vision Issued ☐ 2 PRC
☐ Medical Issued ☐ 10 PRC

EXAMINER USE ONLY

DATE OF BIRTH	Month	Day	Year

☐ INQUIRY ☐ DLN ☐ POD
☐ SSOLV ☐ DIAE ☐ LP
☐ PDPS ☐ SAVE ☐ IVIEW
☐ CDLIS ☐ USPPV

ID
Free
$ 8

Permits
$10 Motorized Bicycle
$15 Initial A / B / D / M
$15 Renewal D / M
$15 Upgrade A / B / P / S / Air
$ 8 Class Change D / M
$20 Init/Ren/Upg/Dup A / B
$ 8 Duplicate Lost/Stolen/Other
$ 3 Duplicate Name/Address

Licenses
$15 Renewal A / B / C / D / M
$15 License A / B / C / D / M
$20 Renewal/Lic/Dup A / B / C
$50 Renewal/License/Duplicate
$ 8 Duplicate Lost/Stolen/Other
$ 3 Duplicate Name/Address

KT/Fee $ 5
Combo__% P / F / W
GK_____% P / F / W
D _____% P / F / W
M_____% P / F / W
AIR ____% P / F / W

RT/A W
RT/B W
RT/C W
RT/D W
RT/M W
RT/AIR W

Endorsement Fee $3.00 each.
P _____% P / F/ R / W P-RT W
S _____% P / F/ R / W S-RT W
N _____% P / F/ R / W
T _____% P / F/ R / W
H _____% P / F

VISION ☐ SFN 2342 attached

Without Glasses/Contacts:
L20/ R20/ BOTH 20/
With Glasses/Contacts:
L20/ R20/ BOTH 20/

LEFT	T	RIGHT	T
	N		N

Color (CDL) ☐ Pass ☐ Fail

Restriction

Site Number

Examiner

DATE
__ __ / __ __ / __ __

FULL NAME	Last	First	Middle

START HERE ⬇ **START HERE** ⬇ **START HERE** ⬇

Residence Street Address	County in Which You Live
City or Town	ZIP Code

Mailing Address (if different)

Email Address (optional - to be used for official correspondence)

Sex	Weight	Height	Color Hair	Color Eyes	Social Security Number

1. Under the provisions of the Uniform Anatomical Gift Act, do you wish to be identified as an organ, eye, and tissue donor?	☐ Yes ☐ No
2. Have you had a North Dakota license, identification card or permit? If yes, list any other names you have used: _____	☐ Yes ☐ No
3. Have you held a license, identification card, or permit from any other state or jurisdiction within the past 10 years? If yes, where? _____	☐ Yes ☐ No
4. Do you have a history of epilepsy, blackout attacks, or other lapse of consciousness? If yes, give date of last episode: _____	☐ Yes ☐ No
5. Do you have a diabetic condition requiring insulin for control?	☐ Yes ☐ No
6. Do you have a heart condition?	☐ Yes ☐ No
7. Do you have a mental condition or treatment for a mental condition and your doctor has advised no driving? If yes, explain: _____	☐ Yes ☐ No
8. Do you have a physical or medical condition? If yes, list condition and date of diagnosis:_____	☐ Yes ☐ No

Do Not Sign Until Requested To Do So By Driver Examiner

Protect yourself. If your application contains any false or fraudulent information, your driving privileges will be revoked or canceled. You may also be subject to criminal penalties.
If provided, I acknowledge permission for the Drivers License Division to use my email address for all official correspondence.
I understand that any credentials previously issued by any jurisdiction may be canceled upon issuance of a North Dakota credential.
I certify, under penalty of perjury, that the information hereon is true and correct, and that I do not possess a credential issued by any jurisdiction or have an active license record in any jurisdiction other than noted above, nor are my driving privileges under suspension, revocation, cancellation, or disqualified in any jurisdiction.
By submitting this application, I am consenting to registration with the Selective Service System, if so required by Federal law. If under age 18, I understand that I will be registered as required by Federal law when I attain age 18.

Applicant's Signature	Date

FEDERAL PRIVACY ACT OF 1974
Disclosure of the individual's social security number on this form is mandatory pursuant to NDCC 39-06-03.1 and 39-06-07. The individual's social security number is used by the department for file control purposes and record keeping. If your social security number is not disclosed, we will not issue a permit, license, or identification card.

FULL NAME	Last	First	Middle	DATE OF BIRTH	Month	Day	Year

SPONSORSHIP - UNDER AGE 18

The party signing as sponsor approves the issuance of an instruction permit and assumes the financial liability for the negligent acts of the designated minor arising from the operation of a motor vehicle (Sections 39-06-04, 39-06-08 and 39-06-09, NDCC). The sponsorship shall be signed by the father, mother, or legal guardian (guardianship papers required). If the father, mother, or legal guardian is unable to appear, they may designate, through a notarized document, an individual temporarily authorized to sign; financial liability remains with the father, mother, or legal guardian. If there is no living parent or legal guardian, another adult swearing responsibility for the minor may sign the sponsorship. This sponsorship is valid for all subsequent permits and licenses of the minor unless canceled by the sponsor. A sponsor may cancel by filing with the director a verified written request that the permit or license of the minor so granted be canceled (Section 39-06-11 NDCC).

STATE OF NORTH DAKOTA)

COUNTY OF _____)ss

(SEAL)

Subscribed and sworn to before me this _____ day of _____, 20____.

SPONSOR'S NAME: (please print) _____

ADDRESS: _____

DATE OF BIRTH: _____RELATIONSHIP: _____

_____
Sponsor's Signature Date

Notary Public: _____

My commission expires: _____

Commerical Driver License (CDL) Applicants:

Check only **one** of the following Self-Certification categories that apply to you.

I certify my commercial transportation is:

☐ Category 1. Interstate and subject to 49 CFR part 391.
A copy of the Medical Certificate must be sent to the North Dakota Drivers License Division.

☐ Category 2. Interstate, but operating exclusively in transportation or operations excepted under 49 CFR 390.3 (f), 391.2, 391.68, or 398.3.
No medical certificate required, except for school bus operations. The medical certificate must be carried by the school bus driver. Medical monitoring may be required by the North Dakota Drivers License Division pending certain medical conditions.

☐ Category 3. Intrastate and subject to State driver qualification requirements.
The medical certificate must be carried by the driver. Intrastate school bus drivers must also carry the medical certificate.

☐ Category 4. Intrastate, but operating exclusively in transportation or operations excepted from all or part of the State driver qualification requirements.
No medical certificate required. Medical monitoring may be required by the North Dakota Drivers License Division pending certain medical conditions.

Driver's Signature	Date