

REQUEST FOR DRIVER ABSTRACT

North Dakota Department of Transportation, Drivers License
SFN 51386 (11-2020)

DRIVERS LICENSE DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750
Email: drs@nd.gov
Fax: 701-328-2435

Driver
License
Number

Date
of
Birth

Subject's Name			
Subject's Address	City	State	ZIP Code
Name of Requestor		Telephone Number	
Company Name (if applicable)	Email		
Mailing Address	City	State	ZIP Code
Signature of Requestor			Date

THIS RECORD IS FOR:

<input type="checkbox"/> a prospective employer of a Commercial Driver's License holder (must have written consent).
<input type="checkbox"/> an employer of a Commercial Driver's License holder.
<input type="checkbox"/> an employer or prospective employer for non-commercial driving purposes.
<input type="checkbox"/> a government agency, including any court or law enforcement agency performing its function for an approved purpose.
<input type="checkbox"/> insurance purposes.
<input type="checkbox"/> use by a parent of a child under 18 years of age.
<input type="checkbox"/> other (please explain) _____

Please check one of the boxes below:

Send the driving record to :

Subject's address

Requestor's address

I am requesting the record of another person and **their written consent is below.**

I give my written consent for the above Requestor to obtain a complete copy of my driving record.
Signature

Date

Record requests and the fee may be mailed to the address listed above. You may also purchase and print a **limited** copy of a driving record online at <https://apps.nd.gov/dot/dlts/dlos/welcome.htm>. A limited copy will not display total points. All record requests are mailed from the Driver's License Division. Please allow 5-7 business days for processing time.

FEE: \$3 PER RECORD

Make checks or money order payable to:
Driver's License Division
608 E. Boulevard Ave.
Bismarck, ND 58505-0750