

REQUEST FOR DRIVER ABSTRACT

North Dakota Department of Transportation, Drivers License
SFN 51386 (11-2016)

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

Driver
License
Number

Date
of
Birth

Subject's Name			
Subject's Address	City	State	ZIP Code

Name of Requestor			
Company Name (if applicable)			
Mailing Address	City	State	ZIP Code
Signature of Requestor			Date

Please check one of the boxes below:
Send the driving record to : Subject's address Requestor's address

REQUESTOR'S INFORMATION

Please check one of the following

I am requesting a copy of my own record. REASON: _____

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
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THIS RECORD IS FOR:

a prospective employer of a Commercial Driver's License holder (must have written consent).

an employer of a Commercial Driver's License holder.

an employer or prospective employer for non-commercial driving purposes.

a government agency, including any court or law enforcement agency performing its function for an approved purpose.

insurance purposes.

use by a parent of a child under 18 years of age.

other (please explain) _____

There is a \$3 fee for each record required. Record requests and the fee may be mailed to address listed above. You may fax your request along with credit card number, expiration date, and V-code to (701) 328-2435. You may also purchase and print a **limited** copy of a driving record online at <https://apps.nd.gov/dot/dlts/dlos/welcome.htm>. All record requests are mailed from the Driver's License Division. Please allow 5-7 business days for processing time.