REQUEST FOR DRIVER ABSTRACT

North Dakota Department of Transportation
SFN 51386 (Rev. 02-2010)

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

REQUESTOR'S INFORMATION

Please check one:

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

☐ I am requesting the records of another person and **have attached their written consent.**

THIS RECORD IS FOR:

☐ a prospective employer of a Commercial Driver's License holder (must attach signed release).
☐ 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)

_____

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

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://secure.apps.state.nd.us/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.