

# APPLICATION FOR NORTH DAKOTA DRIVER LICENSE, PERMIT, OR IDENTIFICATION

North Dakota Department of Transportation, Driver License  
SFN 6763 (12-2024)

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

**DLN**

DOS
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**EXAMINER USE ONLY**

<b>DATE OF BIRTH</b>	Month	Day	Year
<input type="checkbox"/> INQUIRY <input type="checkbox"/> DLN <input type="checkbox"/> IVIEW <input type="checkbox"/> SPONSORSHIP			

<b>FULL NAME</b>	Last	First	Middle
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Residence Street Address	County in Which You Live
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City or Town	ZIP Code
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Mailing Address (if different)
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Email Address (optional)	Telephone Number
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Sex	Color Eyes	Color Hair	Weight	Height	Social Security Number
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<b>ID</b>	Free	\$ 8
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<b>Permits</b>	
\$50 Permit	D
\$10 Motorized Bicycle	
\$15 Initial	A / B / D
\$ 8 Class Change	M
\$20 Init/Ren/Upg/Dup	A / B
\$ 8 Duplicate Lost/Stolen/Other	
\$ 3 Duplicate Name/Address	

1. Under the provisions of the Uniform Anatomical Gift Act, do you wish to be identified as an organ, eye, and tissue donor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Have you had a North Dakota license, identification card or permit? If yes, list any other names you have used: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Have you held a license, identification card, or permit from any other state or jurisdiction within the past 10 years? If yes, where? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Do you have a history of seizures or any lapse of consciousness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Do you have a diabetic condition requiring insulin for control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Do you have a heart condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7. Do you have a mental condition or treatment for a mental condition and your doctor has advised no driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Do you have a physical or medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Do you have a permanent loss of use of hand, arm, foot, leg, or eye?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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10. Emergency Contact: (Name, Relationship, Telephone Number)		
Name	Relationship	Telephone Number

<b>Licenses</b>	
\$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	RT/A W
GK ___% P / F / W	RT/B W
	RT/C W
D ___% P / F / W	RT/D W
M ___% P / F / W	RT/M W
AIR ___% P / F / 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  
 Vision on File

**Do Not Sign Until Requested To Do So By Driver Examiner**

Without Glasses/Contacts:	L20/	R20/	BOTH 20/
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With Glasses/Contacts:	L20/	R20/	BOTH 20/
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<b>LEFT</b>	T	<b>RIGHT</b>	T
	N		N

Color (CDL)  Pass  Fail

Restriction

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 Driver 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
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**DATE**

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**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.

<b>FULL NAME</b>	Last	First	Middle	<b>DATE OF BIRTH</b>	Month	Day	Year
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**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 ) SPONSOR'S NAME: (please print) \_\_\_\_\_

COUNTY OF \_\_\_\_\_)ss ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Sponsor's Signature Date

Subscribed and sworn to before me this \_\_\_\_\_ day Notary Public: \_\_\_\_\_  
of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

**Commercial 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 Driver 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 Driver 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 Driver License Division pending certain medical conditions.*

Driver's Signature	Date
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