REQUEST FOR CANCELLATION OF MINOR'S DRIVER PERMIT OR LICENSE

North Dakota Department of Transportation, Driver License SFN 50439 (9-2022)

DLN						
On the	day of				, 20 _	, the undersigned ,
a minor, whose birth						e North Dakota Century Code
(NDCC), and thereby	y assumed responsibilit	y of said minor pu	oursuant i	to Section 39-	-06-09, NDCC.	
	39-06-11, NDCC, to be requests the Departme					n 39-06-09, NDCC, the se or permit issued to
and hereby withdraw	vs the sponsorship for s	aid minor to oper	erate a mo	otor vehicle.		,
Parent or Guardian Na	ame (type or print)					
Signature						Date
		Ackno	nowledge	ement		
State of						
County of						
Signed and sworn to	o (or affirmed) before me		(month, da	ay, year)		
Name of Notary Public	or other Authorized Officer (Type or Print) Affix Notary Stamp					
Signature of Notary Pu	ublic or other Authorized C	Officer				

THIS FORM MUST BE MAILED TO:

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

Commission Expiration Date (if not listed on stamp)