## **REQUEST FOR DRIVER ABSTRACT**

North Dakota Department of Transportation, Driver License SFN 51386 (4-2024)

Driver License Number	Date of Birth			
Subject's Name				
Subject's Address	City	State	ZIP Code	
Name of Requestor Tel		Telephone	Felephone Number	
Company Name (if applicable)	Email			
Mailing Address	City	State	ZIP Code	
Signature of Requestor			Date	
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)				
Please check one of the boxes below: Send the driving record to : Subject				
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 <u>https://apps.nd.gov/dot/dlts/dlos/welcome.htm</u>. All record requests are mailed from the Driver License Division. Please allow 5-7 business days for processing time.

**FEE:** \$3 PER RECORD Make checks or money order payable to: Driver License Division 608 E. Boulevard Ave. Bismarck, ND 58505-0750