CERTIFICATE OF MOTOR VEHICLE LIABILITY INSURANCE

North Dakota Department of Transportation, Driver License
SFN 54148 (4-2026)

Submit completed form via email to: drs@nd.gov

Note: This form must be submitted by the insurance agency or insurance representative.

As required by North Dakota Century Code 39-08-20

Driver License Number									

Name			Date of Birth
Address	City	State	ZIP Code
Policy Number			Effective Date

This certification is effective from _____ and continues until canceled or terminated in accordance with the financial responsibility laws and regulations of this state.

The company signatory hereto hereby certifies that it has issued the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect on the effective date of this certificate.

Name of Insurance Company	
Signature of Authorized Representative	Date

NOTICE OF CANCELLATION OR TERMINATION OF MOTOR VEHICLE LIABILITY INSURANCE

As required by North Dakota Century Code 39-08-20

Driver License Number									

Name			Date of Birth
Address	City	State	ZIP Code
Policy Number			Cancellation Effective Date

The company signatory hereto hereby gives notice that its Certificate of Notice as indicated above, heretofore filed on behalf of the named insured, is canceled or terminated as of the effective date stated above.

Name of Insurance Company	
Signature of Authorized Representative	Date