

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

North Dakota Department of Transportation, Driver License

SFN 61539 (4-2025)

DLN

Date of Birth	<b>FULL NAME</b>	Last	First	Middle
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**VISION** ☐ SFN 2342 attached

Without Glasses/Contacts:  
L20/ R20/ BOTH 20/

With Glasses/Contacts:  
L20/ R20/ BOTH 20/

<b>LEFT</b>	T	<b>RIGHT</b>	T
	N		N

Color (CDL) ☐ Pass ☐ Fail

Restriction

Site Number

Examiner

**DATE**

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North Dakota Residence Street Address

County in Which You Live

City or Town

ZIP Code

Out of State Mailing Address (required for driver license submission)

Email Address (optional - to be used for official correspondence)

Sex

Color Eyes

Color Hair

Weight

Height

Social Security Number

1. Under the provisions of the Uniform Anatomical Gift Act, do you wish to be identified as an organ, eye, and tissue donor? ☐ Yes ☐ No

2. Have you had a North Dakota license, identification card or permit? If yes, list any other names you have used: ☐ Yes ☐ No

3. Have you held a license, identification card, or permit from any other state or jurisdiction within the past 10 years? If yes, where? ☐ Yes ☐ No

4. Do you have a history of epilepsy, blackout attacks, or other lapse of consciousness? ☐ Yes ☐ No

5. Do you have a diabetic condition requiring insulin for control? ☐ Yes ☐ No

6. Do you have a heart condition? ☐ Yes ☐ No

7. Do you have a mental condition or treatment for a mental condition and your doctor has advised no driving? ☐ Yes ☐ No

8. Do you have a physical or medical condition? ☐ Yes ☐ No

9. Do you have a permanent loss of use of hand, arm, foot, leg, or eye? ☐ Yes ☐ No

10. Emergency Contact: (Name, Relationship, Telephone Number?)

Name

Relationship

Telephone Number

## PLEASE SIGN AND DATE BELOW

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.

Applicant's Signature

Date

## 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.