

# TEMPORARY RESTRICTED LICENSE REQUEST

North Dakota Department of Transportation, Driver License  
SFN 2254 (4-2023)

## Application Information

Reinstatement requirements must be complied prior to submitting this application. If requirements are not complied, the application will be closed and re-application will be required.

If within the past 7 years there has been a refusal or more than one alcohol/drug related violation, participation in the 24/7 Sobriety Program is required until you have been one year violation free.

Sections notated by an asterisk (\*) are for medically related TRL's only.

Please email or mail the completed form to: Driver License Division  
North Dakota Department of Transportation  
608 E Boulevard Ave  
Bismarck, ND 58505-0750  
[dottrl@nd.gov](mailto:dottrl@nd.gov)

Applicant Information		DLN	
First Name	Middle Name	Last Name	Date of Birth
Residential Address (Not PO Box)		City	State ZIP Code
Mailing Address (If different from above)		City	State ZIP Code
Telephone Number	Email Address		

## Reason for Request (Check all that apply)

<input type="checkbox"/> Employment	<input type="checkbox"/> Medical Seizure / Loss of Consciousness*
<input type="checkbox"/> Alcohol Education or Treatment Program	<input type="checkbox"/> OT / Rehab / Driver Evaluation*
<input type="checkbox"/> School	<input type="checkbox"/> Drivers Training / School*
<input type="checkbox"/> Life Maintenance	<input type="checkbox"/> Change of Address - Notify address changes within 10 days
<input type="checkbox"/> Medical Restricted (Re-exam)*	<input type="checkbox"/> Duplicate - Lost

## \*Medically Related Requests Only

* Date(s) Medical TRL is Requested for	* Title of Healthcare Professional	Telephone Number
* Signature of Healthcare Professional		Date

## Statement of Employer or School Authority Verifying Need for Temporary Restricted License

<input type="checkbox"/> I verify the need of a Temporary Restricted License to the individual listed above.		
School / Business Name	Title of School Administrator or Employer	Telephone Number
School Administrator or Employer Signature		Date

## Applicant Certification

I understand that a Temporary Restricted License (TRL) is restricted to the reason for the request made above. Life maintenance needs is defined as the necessity to prevent the substantial deprivation of the educational, medical, or nutritional needs of the offender or an immediate family member of the offender. Driving outside of these restrictions is unlawful and may result in the cancellation of the TRL. TRL's may not be recognized as a valid driving privilege in other states. Under the penalty of perjury, I certify that the information contained in this application is true and correct. I certify that I have motor vehicle liability insurance coverage.

Applicant Signature	Date
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