

# APPLICATION FOR A NORTH DAKOTA SEASONAL LICENSE

North Dakota Department of Transportation, Driver License  
SFN 16275 (1-2022)

DLN

Name of Driver (Last, First & Middle)	Select One (See reverse side) <input type="checkbox"/> 90 Day <input type="checkbox"/> 180 Day	Seasonal Issue Start Date	
Mailing Address	City	State	ZIP Code
Telephone Number	Social Security Number	Date of Birth	

## A. DRIVER RECORDS CERTIFICATION

I certify under penalty of law that I currently am and have been a licensed **North Dakota** driver for one or more years, I am an employee in the agri-business service industry, and within the past two years:

- I have not had more than one license valid at the same time.
- I have not had my driving privileges suspended, revoked, or canceled.
- I have not been convicted of any serious traffic violations or any disqualifying offenses contained in 49 CFR 383.51(b) & (c).
- I have not had any conviction for a violation of state or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with any traffic accident and no record of an at-fault accident.

## B. PHYSICAL CERTIFICATION

1. Do you have a physical or medical condition? If yes, list condition and date of diagnosis: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have a history of epliepsy, blackout attacks, or other lapse of consciousness? If yes, give date of last episode: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a diabetic condition requiring insulin for control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a heart condition? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been adjudged incompetent or been disabled due to a mental illness? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you habitually use alcoholic beverages or narcotic drugs to excess?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## C. VISUAL CERTIFICATION

Vision screening must be completed by a driver examiner, physician, or optometrist. (See Reverse Side)

## D. COMMERCIAL MEDICAL CERTIFICATION (DOT CARD)

You must check one of the following:

**Medical Certificate must be carried by the driver in both cases.**

- I certify my commercial transportation is Intrastate (do not cross state lines). Do not attach medical certificate.
- I certify my commercial transportation is Interstate (crosses state lines). Must attach copy of medical certificate.

## E. APPLICANT SIGNATURE AND DATE

Applicant Signature	Date
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## F. Notary Public Signature/Seal

I certify under penalty of law the company listed is the employer of the employee listed.

Company Name	Employee Name
Employer Email Address	Employer Signature

STATE OF NORTH DAKOTA)

COUNTY OF \_\_\_\_\_)ss

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(SEAL)

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

## FEDERAL PRIVACY ACT OF 1974

Disclosure of the individual's social security number on this form is mandatory pursuant to NDCC 39-06-07. The individual's social security number is used by the Department for file control purposes and record keeping.

**VISION EXAMINATION**

This certificate of examination must be completed by a physician, optometrist, or driver examiner. This statement must give the corrected and uncorrected vision of the applicant, field of vision and ability to distinguish colors.

**Vision results cannot be older than 6 months.**

ACUITY VISION	LEFT EYE	RIGHT EYE	BOTH EYES	Field of Vision in Degrees (Requires Numbers)	
				Left Eye	Right Eye
Actual Vision Without Correction	20/	20/	20/	Temporal	Temporal
Vision Corrected To	20/	20/	20/	Nasal	Nasal

Does the applicant have the ability to distinguish the colors red, green, and amber?  Yes  No

Comments

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Signature of Eye Specialist/Examiner	Date
Address	Business Telephone Number

**IMPORTANT INFORMATION**

Only **one** 180 day or **two** 90 day seasonal licenses will be issued in a 12 month period. Please indicate your choice on the front of the application and write in the date you want your seasonal license to be processed at the central Office.

A new application and \$15 fee is required **each** time a seasonal license is issued.

**Note:** The 90 day option provides the opportunity to meet two 'seasonal' periods within the 12 month timeframe. No fee or vision exam is required for the **second** 90 day seasonal license.

Check Box if this is your second 90 day seasonal license within the current 12 month timeframe.

Only employees eighteen years of age or older are eligible for a restricted seasonal drivers license. Waiver authorization pursuant to 49 CFR 383.3. The restrictions and limitations are described below.

Seasonal CDL class code - **Class B or C** - any single vehicle (or any such vehicle towing a trailer 10,000 pounds GVWR or less.) **Not** valid for class A or M vehicle group. **Not** valid for passenger bus designed to transport 16 or more passengers including the driver.

**Seasonal CDL Restrictions "W"**

- \* May operate Class B or C vehicle groups within 150 miles from place of business or farm being served.
- \* May transport farm agricultural products, farm machinery, and supplies.
- \* Limited to transporting the following placarded hazardous materials:
  - Diesel fuel of 1,000 gallons or less
  - Liquid fertilizer in vehicles with a total capacity of 3,000 gallons or less
  - Solid fertilizers that are **not** mixed with any organic substance

Mail application and \$15 commercial license fee to: **DRIVER LICENSE DIVISION  
608 E BOULEVARD AVE  
BISMARCK ND 58505-0750**