

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

North Dakota Department of Transportation, Driver License
SFN 61539 (6-2022)

DLN

Date of Birth	FULL NAME	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/

LEFT	T N	RIGHT	T N
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Color (CDL) Pass Fail

Restriction

Site Number

Examiner

DATE

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North Dakota Residence Street Address	County in Which You Live
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City or Town	ZIP Code
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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
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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

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
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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.