

REQUEST FOR DRIVER ABSTRACT

North Dakota Department of Transportation, Drivers License & Traffic Safety
SFN 51386 (Rev. 7-2000)

FEE IS \$3.00 PER RECORDS

Identity of Person/Company Requesting Information:

Name			
Address	City	State	Zip Code
Phone Number			
Company Represented	Reason		
Record(s) requested (include DL Number, Name, and Date of Birth)			

Signature _____ Date _____