

MOTOR CARRIER AFFIDAVIT OF NON-RECEIPT

North Dakota Department of Transportation, Motor Vehicle
SFN 61272 (4-2026)

MOTOR CARRIER
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE, SUITE 103
BISMARCK ND 58505-0791
Telephone (701) 328-1287
Fax (701) 328-3500
Website: <https://dot.nd.gov>

IRP Account Number		US DOT Number		IFTA Account Number	
Legal Name				Daytime Telephone Number	
Mailing Address		City	State	ZIP Code	
Year	Make	Vehicle Identification Number (VIN)			
Year	Make	Vehicle Identification Number (VIN)			
Year	Make	Vehicle Identification Number (VIN)			
Year	Make	Vehicle Identification Number (VIN)			

I certify that I have not received the indicated item(s) listed below for the above described vehicle and desire to have a duplicate issued at no cost. I further certify that, should the original item be recovered, I will promptly forward the original item to the Motor Carrier Section.

The following items have never been delivered to me or to the address listed in the records at the Motor Carrier Section.

Check all applicable items:

- | | |
|---|---|
| ☐ Cab Card | ☐ IFTA License/Decal |
| ☐ Decals (Tabs) Month & Year _____ | ☐ Refund Check |
| ☐ License Plate, Number _____ | ☐ Transporter Plates |
| ☐ Back Plate, Quantity _____ | ☐ Household Goods Permit |
| ☐ Title | ☐ Other _____ |

Name (Type or Print)		Legal Signature (sign before a Notary Public or Authorized Officer)	
Acknowledgement			
State of			
County of			
Signed and sworn to (or affirmed) before me on this day (month, day, year)			
Name of Notary Public or other Authorized Officer (Type or Print)		Affix Notary Stamp	
Signature of Notary Public or other Authorized Officer			
Commission Expiration Date (if not listed on stamp)			

Note: The filing of a false affidavit is a Class A misdemeanor punishable by a maximum penalty of \$1,000 and/ or one year in jail. (Chapter 12.1-11, NDCC)