

APPLICATION FOR A NORTH DAKOTA SEASONAL LICENSE

North Dakota Department of Transportation, Driver License
SFN 16275 (4-2026)



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Name of Applicant (Last, First, Middle)	Select One (see reverse side for details) ☐ 105 Day ☐ 210 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 (select all that apply below):

- ☐ 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:	☐ Yes ☐ No
2. Do you have a history of epilepsy, blackout attacks, or other lapse of consciousness? If yes, give date of last episode:	☐ Yes ☐ No
3. Do you have a diabetic condition requiring insulin for control?	☐ Yes ☐ No
4. Do you have a heart condition If yes, explain:	☐ Yes ☐ No
5. Have you ever been adjudged incompetent or been disabled due to a mental illness If yes, explain:	☐ Yes ☐ No
6. Do you habitually use alcoholic beverages or narcotic drugs to excess?	☐ Yes ☐ No

C. VISUAL CERTIFICATION

Vision screening must be completed by a driver examiner, physician, or optometrist. (see reverse side for certification information)

D. COMMERCIAL MEDICAL CERTIFICATION (DOT CARD)

You must select one of the following options (**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
Actual Vision Without Correction	20 /	20 /	20 /
Vision Corrected To	20 /	20 /	20 /

Field of Vision in Degrees (Requires Numbers)	
Left Eye	Right Eye
Temporal	Temporal
Nasal	Nasal

Does the applicant have the ability to distinguish the colors red, green, and amber?

☐ Yes ☐ No

Comments

Signature of Eye Specialist/Examiner

Date

Address

Business Telephone Number

Important Information

Only **one** 210 day or **two** 105 day seasonal licenses will be issued in a calendar year. 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.

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.

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 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

Application and \$15 commercial license fee can be mailed to the following address: **DRIVER LICENSE DIVISION
608 E BOULEVARD AVE
BISMARCK, ND 58505-0750**