

# APPLICATION FOR RETURN OF CRASH RELATED SECURITY DEPOSIT

North Dakota Department of Transportation, Driver License  
SFN 62357 (4-2026)

Driver License Division  
ND Department of Transportation  
608 E Boulevard Ave  
Bismarck ND 58505-0750

|                |               |
|----------------|---------------|
| Applicant Name | Date of Crash |
|----------------|---------------|

I was involved in a motor vehicle crash on the above-mentioned date and to satisfy any potential judgment for damages resulting from the crash, certain securities were deposited with the State Treasurer of North Dakota. These deposits were made in compliance with the North Dakota Safety Responsibilities Act. I further state that no actions for damages are pending as a result of this crash, and no unsatisfied judgment remains against me for damages resulting from the crash.

I request that the deposit be returned.

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

| Acknowledgment                                                                      |                    |
|-------------------------------------------------------------------------------------|--------------------|
| State of                                                                            |                    |
| County of                                                                           |                    |
| Signed and sworn to (or affirmed) before me on this day _____<br>(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)                                 |                    |

| Certification of Courts                                                                                                                                                                                                                                       |        |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|
| This is to certify that there are no actions pending in this court against the above-mentioned applicant; nor are there any judgments remaining unsatisfied, of record, against such applicant arising out of the crash referred to in the above application. |        |      |
| Signature of Clerk of District Court                                                                                                                                                                                                                          | County | Date |

## Instructions for Application:

1. You must sign and date the application in front of a notary public.
2. The Clerk of Court in which the crash occurred must sign and date the application.
3. You must submit your W-9. This form can be obtained from the IRS website at [IRS.gov](https://www.irs.gov).

This application and your W-9 must be emailed or mailed to: [drs@nd.gov](mailto:drs@nd.gov)

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For additional information, please call Driver Record Services at (701)328-2604, M, T, Th, F 9:00.am.-3:00pm