

# REQUESTS FOR NATIONAL DRIVER REGISTER (NDR) RECORD CHECKS

### Who may obtain an NDR record check

Any person may ask to know whether there is an NDR record on him or her and may obtain a copy of the record if one exists.

Employers of drivers may also obtain NDR record checks. *Every driver or operator on whom an NDR file check is requested is entitled to review the NDR report(s) provided to the employer.* The results of the NDR check will be mailed only to the current or prospective employer or third party service provider. If no employer is named on the form or it is changed, the request will not be processed.

The following authorization applies to Railroad Company requests:

**NDR Check Authorization:** The U. S. Department of Transportation, Federal Railroad Administration, in accordance with 49 CFR, Part 240.111, requires that I hereby request and authorize the National Highway Traffic Safety Administration (NHTSA) to perform an NDR check of my driving record for a 36-month period prior to the date of this request including license withdrawal actions open at the time of file check. I hereby authorize the NDR to furnish a copy of the results of this NDR check directly to the railroad company identified on this inquiry form.

#### What NDR Records Contain

NDR results for employers will contain only the identification of the state(s) which have reported information on the driver to the NDR and only information reported within the past 3 years from the date of the inquiry. Driver control actions initiated prior to that time, even if still in effect, will not be included.

Detailed information to confirm identity or to describe the contents of the driver record can be obtained only from the state(s) listed when probable matches are reported. The name and address of the driver licensing official will be provided for each state listed.

### How to Request a National Driver Register (NDR) Record Check

**Employers:** To obtain information reported by a state to the National Driver Register (NDR) on a current or prospective employee you must submit a completed Request for National Driver Register (NDR) File Check (INF 1301A) form.

The employee is required to authorize the request by signature and the signature must be notarized.

Mail the completed INF 1301A form and a check or money order for \$5 to:

Department of Motor Vehicles Public Operations, MS G199 PO Box 944247 Sacramento, CA 94244-2470

**Individuals:** You may request your own NDR record check by submitting a notarized letter directly to the Department of Transportation (DOT), National Driver Register, indicating that you would like an NDR file check. (The INF 1301A form is not required.) The request must include your full legal name, date of birth, State and driver license number, sex, height, weight, and eye color (your social security number is optional). There is no charge for this service.

Mail requests to:

Department of Transportation National Driver Register Room W55-201 1200 New Jersey Avenue, S.E. Washington, DC 20590

Additional information is available at: http://www.nhtsa.gov/Data/National+Driver+Register+(NDR).



# REQUEST FOR NATIONAL DRIVER REGISTER (NDR) FILE CHECK ON CURRENT OR PROSPECTIVE EMPLOYEE

Fee: \$5 per request. DO NOT send cash. Enclose check/money order payable to DMV.

TYPE OR PRINT PLAINLY (Avoid delays. Inquiries that cannot be read will not be processed.)

SECTION 1 — C	URRENT/PROSPECT	IVE EMPLOYER INF	ORMATION:	□ Driver Employer	Railroad	Company	
EMPLOYER OR AGENCY	NAME						
TO THE SPECIFIC ATTENTION OF:					BUSINESS TELEPHONE		
					( )		
MAILING ADDRESS (NUM	MBER AND STREET)						
CITY					STATE	ZIP CODE	
SECTION 2 — D	RIVER INFORMATION	N .					
FULL LEGAL NAME (FIRS	ST, MIDDLE, LAST)						
OTHER NAMES USED (M.	AIDEN, PRIOR NAME, NICKNAM	E, PROFESSIONAL NAME, OTH	HER)				
MAILING ADDRESS (NUMBER AND STREET WITH APARTMENT OR RURAL ROUTE/CARRIE				ER AND BOX NUMBER)		HOME TELEPHONE (OPTIONAL)	
CITY			STATE	ZIP CODE	WORK TELEPHONE (OPTIONAL)		
DRIVER LICENSE NUMBER AND STATE (DRIVER MUST BE LICENSED IN THE STATE INITIAT				TING THE SEARCH) SOCIAL SECURITY NUMBER (OPTIONAL)			
MONTH, DAY, AND YEAR OF BIRTH			SEX	COLOR OF EYES	HEIGHT	WEIGHT	
SECTION 3 — C	ERTIFICATION						
of mine are found wand the State whe with my signature, DRIVER'S SIGNATURE	nt to request record(s) powhich I have not shown on the I am licensed may also authorize a one-time file	on my applications or in so take action on my d	terviews, I migl river license in	nt not be hired as a d cluding suspension, o	river or could los cancellation, or i	e my job as a driver revocation. I hereby	
<u>X</u>							
				NOTA	RIZATION		
OFFICIAL USE ONLY			The employee's signature must be notarized or the request will be returned unprocessed.				
DATE RECEIVED	DATE SENT	INTERNAL CONTROL	Sworn to a	Sworn to and ascribed before me this			
			DAY	OF		YEAR	
			IN THE CITY/CO	DUNTY OF			
			STATE OF				
TYPE OF IDENTIFICATION:				Notary Publi	ic Seal or Stam	np .	
☐ Valid Photo Dr		n Certificate					
☐ State-issued P	_	d Passport					
☐ Military Discha	irge Papers □ Vali	d Military					
Other (specify)  EMPLOYEE VERIFYING A	) APPLICANT IDENTIFICATION ( <i>PF</i>	RINT NAME)	_				
SIGNATURE			-				
X							