

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 — CI	JRRENT/PROSPE	CTIVE EMPLOYER INF	ORMATION: [Driver Employe	r 🗌 Railroad	d Company	
EMPLOYER OR AGENCY	NAME						
TO THE SPECIFIC ATTENTION OF:					BUSINESS TELEPHONE		
MAILING ADDRESS (NUM	BER AND STREET)				()		
CITY					STATE	ZIP CODE	
					SIAIE	ZIF CODE	
SECTION 2 — DI	RIVER INFORMATI	ON					
FULL LEGAL NAME (FIRS	T, MIDDLE, LAST)						
OTHER NAMES USED (MA	AIDEN, PRIOR NAME, NICKN	AME, PROFESSIONAL NAME, OTH	IER)				
MAILING ADDRESS (NUM	BER AND STREET WITH AP.	ARTMENT OR RURAL ROUTE/CAR	RIER AND BOX NUM	IBER)	HOME TELEPHON	IE (OPTIONAL)	
					()		
CITY			STATE	ZIP CODE	WORK TELEPHONE (OPTIONAL)		
DRIVER LICENSE NUMBE	R AND STATE (DRIVER MUS	TIATING THE SEARC	TING THE SEARCH)		SOCIAL SECURITY NUMBER (OPTIONAL)		
MONTH, DAY, AND YEAR OF BIRTH			SEX	COLOR OF EYES	HEIGHT	WEIGHT	
SECTION 3 — CI	ERTIFICATION						
Act, I have the righ of mine are found v and the State when	t to request record(s) which I have not show Te I am licensed may	tain the state driver record pertaining to me from the n on my applications or in also take action on my d file search of the NDR and	e NDR. I also ur terviews, I migh river license inc	nderstand that if con it not be hired as a d cluding suspension, o	victions, susper river or could lo cancellation, or	nsions or revocations se my job as a driver, revocation. I hereby,	
				NOTA	RIZATION		
OFFICIAL USE ONLY			The employee's signature must be notarized or the request				
DATE RECEIVED	DATE SENT	INTERNAL CONTROL		will be return		ed.	
			Sworn to a	nd ascribed before	me this	YEAR	
			IN THE CITY/CO	OUNTY OF			
			STATE OF				
TYPE OF IDENTIFICATION:			Notary Public Seal or Stamp				
☐ Valid Photo Dri	ver License 🔲 B	irth Certificate					
☐ State-issued P	hoto ID U	alid Passport					
☐ Military Discha	rge Papers 🛭 🗆 V	alid Military					
Other (specify)	PPLICANT IDENTIFICATION	(PDINT NAME)	_				
	FFLICANT IDENTIFICATION	(FRINT NAME)					
SIGNATURE X							
							