STATE FLEET DRIVER ID CARD REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FISCAL ADMINISTRATION
SFN 1949 (6-2014)

Clear Fields

Complete this form and return to your Motor Pool BUS coordinator as soon as possible for processing.

Name of Employee	Employing Unit

The following information is needed to obtain a Motor Pool Driver ID

Employee ID	Last Name	First Name

Work City	Business Unit	Department ID

Work Telephone Number	Email Address

City of Motor Pool Office Location	Drivers License Expiration Date

Supervisor Signature	Date