

Request for 40 Day Provisional License by Out of the Country Applicant

I, _____, am requesting a 40 Day Provisional License. I have already submitted my application for the Out of State Reciprocal License. I have been hired to teach _____.

I wish to pay \$55.00 for this additional license: (Please check one option for payment).

____ I will fill out the payment authorization on page 2 of this document.

____ I have enclosed or will mail a check or money order to ESPB with my application.

I am requesting this license because (Please check all that apply)

____ I do not have a US Social Security Number yet but will apply for one as soon as I am eligible.

____ I do not have a completed background check.

*If your background check is not complete with ESPB, please select a statement below:

____ I have never been charged with any offenses.

____ I have been charged with an offense in my past. My charges were:

1. _____
2. _____

***** Please note that the applicant should NOT create their own NDTeach account until after they have sent ESPB their Social Security Number and it has been updated in NDTeach. If they create their own account, this will result in duplicate accounts.**

***Please sign below to verify you do request this 40 Day Provisional License.**

Signature

Date

**** Please email your completed form to espbinfo@nd.gov or mail to ESPB, 2718 Gateway Ave Suite 204, Bismarck ND 58503**

Payment/Credit Card Information

This documentation will be destroyed upon completion of processing.

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$
Name as it appears on credit card		
Credit Card Number	3 digit CVV number (on back of card)	Expiration Date
Billing Address of credit card (if different than the mailing address)		