

DRIVERS EDUCATION MINOR EQUIVALENCY ENDORSEMENT SFN 58610 (05-17)

				Ec	Educator's Professional License Number					
Name (Last, First, MI)		Maiden I	Name		1					
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		Social Security Number (do not use dashes)						es)		
Address										
City			State Zip Code (9-digit)							
Home Telephone Number	Work Telephone Numb	ber Date of Birth			Email Address					
High School Attended		Lligh	Sahaal City Attanded					State		
High School Attended		High School City Attended			State					
Prerequisite: Valid North Dake	ota educator's professi	onal lice	nse.							
Endorsement Request and V				ments,	request	this en	dorsem	ent be	added	l to your
license by returning this form to	ESPB along with you	r official	transcripts and veri	fication	of expe	rience.				
Fees: \$75										
Timeline: The addition of this e	endorsement does not	change	your regular license	e renewa	al date.					
Driver's Educ	ation Minor E	auiva	lency Grade	es 7-	12 P	roara	am o	f Stu	ıdv	
Effective August 1, 2008 ME 24 requirement: Valid operator's license not suspended or revoked. Provide between November 1 and December 31 of each year a complete abstract of applicant's driving record for past 36										
months from a state driver licensing office evidencing a satisfactory driving record free from any conviction that would constitute the										
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Please return the completed form and \$75 fee to: Education Standards and Practices Board

2718 Gateway Ave. Suite 204 Bismarck, ND 58503 (701) 328-9641 office

(701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.



Payment/Credit Card Information

Type of Payment					Amount					
□ Visa		MasterCard	□ Check		\$					
Name as it appears on credit card										
Credit Card Number	-			Expiration Date	3 digit CVV					
				m m y y						
Billing Address of credit card (if different than the mailing address)										
Address:										
City			State	_ Zip Code						

This documentation will be destroyed upon completion of processing.