

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+\(NDR\)](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 — CURRENT/PROSPECTIVE EMPLOYER INFORMATION: Driver Employer Railroad Company

EMPLOYER OR AGENCY NAME

TO THE SPECIFIC ATTENTION OF: _____ BUSINESS TELEPHONE
()

MAILING ADDRESS (NUMBER AND STREET) _____

CITY _____ STATE _____ ZIP CODE _____

SECTION 2 — DRIVER INFORMATION

FULL LEGAL NAME (FIRST, MIDDLE, LAST)

OTHER NAMES USED (MAIDEN, PRIOR NAME, NICKNAME, PROFESSIONAL NAME, OTHER)

MAILING ADDRESS (NUMBER AND STREET WITH APARTMENT OR RURAL ROUTE/CARRIER 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 INITIATING THE SEARCH) _____ SOCIAL SECURITY NUMBER (OPTIONAL)

MONTH, DAY, AND YEAR OF BIRTH _____ SEX _____ COLOR OF EYES _____ HEIGHT _____ WEIGHT _____

SECTION 3 — CERTIFICATION

EMPLOYEE UNDERSTANDING: I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer or regulatory agency listed above on this form. The report will indicate either (1) that the NDR does **not** contain a record matching my identification or (2) that the NDR has a probable identification (match) from one state (or more) which will be named on the report. A separate check of state files would be required (1) to verify the identification or (2) to obtain the driving record. It is the responsibility of the listed employer to obtain the state driver records and to determine or verify records which apply to me. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I also understand that if convictions, suspensions or revocations of mine are found which I have not shown on my applications or interviews, I might not be hired as a driver or could lose my job as a driver, and the State where I am licensed may also take action on my driver license including suspension, cancellation, or revocation. I hereby, with my signature, authorize a one-time file search of the NDR and any resulting reports to be sent to the employer or agency on this form.

DRIVER'S SIGNATURE _____ DATE _____

X

OFFICIAL USE ONLY			NOTARIZATION		
DATE RECEIVED	DATE SENT	INTERNAL CONTROL	The employee's signature must be notarized or the request will be returned unprocessed.		
			Sworn to and ascribed before me this		
			DAY	OF	YEAR
			IN THE CITY/COUNTY OF		
			STATE OF		

TYPE OF IDENTIFICATION:

- | | |
|---|--|
| <input type="checkbox"/> Valid Photo Driver License | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> State-issued Photo ID | <input type="checkbox"/> Valid Passport |
| <input type="checkbox"/> Military Discharge Papers | <input type="checkbox"/> Valid Military |
| <input type="checkbox"/> Other (specify) _____ | |

EMPLOYEE VERIFYING APPLICANT IDENTIFICATION (PRINT NAME)

SIGNATURE _____

X

Notary Public Seal or Stamp