



REQUEST FOR NATIONAL DRIVER REGISTER (NDR) FILE CHECK ON CURRENT OR PROSPECTIVE EMPLOYEE

ACCOUNT #

INSTRUCTIONS:

- 1 Use this form to request a file check of the NDR if you are: • An employee employed as a driver or a prospective employee seeking employment as a driver; • An employer of drivers or prospective employer of drivers; or • A third party acting as an agent of the employer.
- 2 There is a charge of \$1.50 for making an inquiry of the NDR for an employee or prospective employee. Make checks payable to DMV.
- 3 All portions of this form must be filled out completely and legibly.
- 4 This form must be signed and notarized unless you have a valid DMV Record Inquiry Account that is qualified to receive personal information.
- 5 Mail this form to: **DMV, 1905 Lana Ave. NE, Salem OR 97314.**
- 6 Pursuant to Section 14CFR Part 111 - Pilot Record Database (PRD), if you are seeking employment with the air carrier as a pilot, this serves as notice of request for NDR information concerning your driving record and your right to a copy of such information.
- 7 This file check of the NDR will result in a printed report that will be sent only to the employer listed on this form. The report will indicate either (1) that the NDR does not contain a record matching your identification or (2) that the NDR has a probable identification (match) from the state(s) listed on the report.
- 8 A separate check of state files is required to (1) verify the identification or (2) obtain the driving record. It is the responsibility of the employer to obtain the state driver record(s) and to determine or verify that the record(s) belong to the employee.

CURRENT OR PROSPECTIVE EMPLOYER TO RECEIVE THE NDR SEARCH RESULTS

EMPLOYER OR AGENCY NAME

☐ Driver Employer ☐ Railroad Company ☐ Air Carrier

TO THE SPECIFIC ATTENTION OF:

BUSINESS TELEPHONE

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MAILING ADDRESS: NUMBER AND STREET

FAX

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CITY, STATE AND ZIP CODE

DRIVER INFORMATION

DRIVER'S (EMPLOYEE OR PROSPECTIVE EMPLOYEE) LEGAL FIRST NAME

DRIVER'S LEGAL MIDDLE NAME

DRIVER'S LEGAL LAST NAME

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

DRIVER LICENSE NUMBER AND STATE

DATE OF BIRTH (MONTH - DAY - YEAR)

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 agency listed above on this form. 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 named on this form.

DRIVER'S SIGNATURE (EMPLOYEE OR PROSPECTIVE EMPLOYEE)

DATE

X

NOTARY

State of OREGON

County of _____

This instrument was acknowledged before me on _____, 20____

by _____.

Notary Public — State of Oregon