

APPLICATION FOR TEST-OUT

Department of Transportation, Materials & Research
SFN 50739 (Rev. 06-2005)

List the class you are requesting to test-out:		Date
Name	Home Phone No. ()	
Address	State	Zip Code
Employer	Work Phone No. ()	
Employer Address, City, State, Zip	Driver's License Number	

Education and Training (Include all classes in area applying for, along with dates completed and state it was taken in.)

Course Name, State	Date Completed

Experience

Number of years experience working in area applying for:
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Recent Experience

Projects:	To:	Dates	From:

Attach Additional Sheets if Necessary

Send completed form to:

North Dakota Department of Transportation
Materials & Research
300 Airport Road
Bismarck, ND 58504-6005

Or fax to: 701-328-0310
Telephone: 701-328-6900

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary. The individual's social security number is used as an identification number by the department/agency for file control purposes and record keeping.

For Official Use Only	
Approved	_____
Not Approved	_____
	Signature

	Date