

**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSING
REQUEST FROM RECORD HOLDER**

I hereby certify that my name is _____
(First Name) (Middle Initial) (Last Name)

I further certify that my date of birth is ____-____-____ and my driver license # is _____.
(month/day/year)

my present address is _____
(Street and/apt.unit) (City) (State) (Zip Code)

my telephone number is () _____.
(include area code)

**This section is
only required if you are authorizing someone else to obtain your driving record.**

I HEREBY AUTHORIZE:

TO OBTAIN MY ABSTRACT OF DRIVER'S OPERATING RECORD INCLUDING MY PERSONAL
INFORMATION ON THE RECORD.

NOTARY INFORMATION

Subscribed and sworn before me this _____, day of _____,
My Commission expires / /

(Seal)

(Notary Public Signature)

(Applicant Signature)

(Date)

(THIS FORM MUST BE NOTARIZED)

DO NOT RETURN THIS FORM TO THE EXAM STATION

**SEND FORM ALONG WITH \$5.00 FEE,
TO:
DRIVER LICENSING
118 WEST CAPITOL AVE
PIERRE SD 57501-2036**