

**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)

NOTARY INFORMATION

(THIS FORM MUST BE NOTARIZED OR SIGNED IN FRONT OF A SOUTH DAKOTA DRIVER LICENSE EXAMINER)

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

(Seal) _____
(Notary Public Signature or South Dakota Driver Licensing Examiner's ID number and signature)

(Applicant's signature)

(Date)

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

INDIVIDUALS MAY ALSO TAKE THE FORM AND FEE
TO THE FOLLOWING SOUTH DAKOTA EXAM STATIONS:

Aberdeen	Watertown
Brookings	Mitchell
Rapid City	Yankton
Sioux Falls	

The record will be mailed to the address you provided above. If you would like to receive the Record via email or fax, please provide that below:

Email Address or Fax Number

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

I HEREBY AUTHORIZE:

(First Name) (Middle Initial) (Last Name)

(Address)

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