

TO: CLEARANCE LETTER REQUESTERS
FROM: DRIVER LICENSING DIVISION
RE: DRIVERS PRIVACY PROTECTION ACT

The enclosed form is required on behalf of the South Dakota Department of Public Safety to ensure compliance with the provisions of the Driver's Privacy Protection Act to allow the release of information on your record. Please complete the enclosed form (the form must be notarized) and send the completed application to the address below:

Department of Public Safety
Driver Licensing Program
118 W Capitol Ave
Pierre SD 57501

You may also present this form to our office by fax. If this form is faxed, the notary seal must be visible on the fax received. To be visible, crimp-style seals must be shaded with a pencil prior to faxing. Faxed forms where the seal is not visible will not be accepted. Our fax number is 605-773-3018.

If you have any questions you may contact our office at 1-800-952-3696.

REQUEST FOR CLEARANCE LETTER

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 _____

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

My telephone number is () _____.

NOTARY INFORMATION

Subscribed and sworn before me this _____ day of _____, _____

My Commission expires / /

(Seal) _____
(If faxing, notary seal must be visible in fax) (Notary Public Signature)

(Applicant Signature)

(Date)

**(THIS FORM MUST BE NOTARIZED)
DO NOT RETURN THIS FORM TO THE EXAM STATION
SEND FORM TO:**

**DRIVER LICENSING
118 WEST CAPITOL AVE
PIERRE SD 57501-2036**

Unless otherwise directed, the clearance letter will be mailed to you at the address provided above. If you wish the clearance letter to be faxed elsewhere, please provide the following:

Fax to : _____
Fax # : _____