

# SOUTH DAKOTA DRIVER LICENSE / I.D. CARD APPLICATION

(Print in Black Ink)

SD DRIVER LICENSE/ID NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER --

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_  
LAST FIRST MIDDLE Jr Sr II III IV Month Day Year

RESIDENTIAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Apt #

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(If different than above)

HEIGHT \_\_\_\_ FT. \_\_\_\_ IN. WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ COUNTY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DAYTIME PHONE NUMBER \_\_\_\_\_

I AM APPLYING FOR: \_\_\_ DRIVER LICENSE \_\_\_ INSTRUCTION PERMIT \_\_\_ IDENTIFICATION CARD

**DRIVER LICENSE CLASS:**  
**Car/Light Truck/Moped:** \_\_\_ Class 1    **Car/Light Truck/Moped/Motorcycle:** \_\_\_ Class 2    **Motorcycle Only:** \_\_\_ Class 3    **Commercial Driver License:** \_\_\_ CDL (Complete Sections A, B & D)

## SECTION A: ALL APPLICANTS

1. YES \_\_\_ NO \_\_\_ Do you have a Living Will and want it to be indicated on your license?
  2. YES \_\_\_ NO \_\_\_ Do you have Durable Power of Attorney for Health and want it to be indicated on your license?
  3. YES \_\_\_ NO \_\_\_ Are you currently behind in child support payments of \$1,000 or more?
  4. YES \_\_\_ NO \_\_\_ Are you currently licensed to drive in another state/country?  
If YES, in what state /country? \_\_\_\_\_ LICENSE # \_\_\_\_\_
  5. YES \_\_\_ NO \_\_\_ Do you currently have an Identification Card issued in any other state/country?  
If YES, in what state/country \_\_\_\_\_ ID # \_\_\_\_\_
  6. YES \_\_\_ NO \_\_\_ Do you currently, or have you ever had your right to drive suspended, revoked, canceled, disqualified, or denied?  
If YES, When \_\_\_\_\_ Which State? \_\_\_\_\_ Reason? \_\_\_\_\_
  7. YES \_\_\_ NO \_\_\_ Have you, in the past twelve months, experienced any epileptic or narcoleptic episodes or other convulsions, seizures, or blackouts? If YES, the date of the last episode: \_\_\_\_\_
  8. YES \_\_\_ NO \_\_\_ Are you currently on active duty, or the dependent of a person on active duty, in the U.S. Armed Forces? (Must show ID)
  9. YES \_\_\_ NO \_\_\_ Have you ever been known by any other name, **including** maiden name?  
If YES, what name(s) \_\_\_\_\_
  10. YES \_\_\_ NO \_\_\_ Are you a United States citizen? (If no, you must show documents proving lawful status.)
  11. YES \_\_\_ NO \_\_\_ Would you like veteran indicated on your license? **Must prove honorable discharge by providing military DD Form 214, DD Form 2 (retired), DD Form 2A (reserve retired), National Guard Form NGB22, or certificate signed by veteran's service officer.**
- In the event of my death, I would like to be an organ/tissue donor.
- To remove an existing donor indicator on your card, write "remove" here and initial \_\_\_\_\_.

## SECTION B: VOTER REGISTRATION

Your information will be used to update your voter registration or register you to vote.

Do not use my information for voter registration purposes. (Your decision not to register to vote is confidential. If you register, the place where you register is confidential.)

Choice of party \_\_\_\_\_ If you are currently registered to vote in South Dakota and you leave Choice of party field blank you will remain registered with your current party affiliation. If you are not currently registered to vote in South Dakota and you leave the choice of party blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

Last registration location: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:

- \* I am a citizen of the United States of America;
- \* I have not been judged mentally incompetent;
- \* I actually live at and have no present intention of leaving the above address;
- \* I am not currently serving a sentence for a felony conviction; and
- \* I will be 18 on or before the next election;
- \* I authorize cancellation of my previous registration.

## SECTION C: LOST LICENSE/IDENTIFICATION CARD CERTIFICATION

If you are applying for a duplicate, renewal or transfer of your driver license or identification card, and have lost the last driver license/identification card issued to you, complete this section:

I have lost or destroyed the last driver license or identification card issued to me by the state of \_\_\_\_\_ and it is not now in my possession. I fully realize that by making this statement, said license/identification card is null and void and may not be used for operating a motor vehicle or for identification purposes.

I UNDERSTAND that I, as an operator of a motor vehicle in this State, have consented to the withdrawal of my blood or other bodily substance in accordance with SDCL 32-23-10, which requires me to submit to the withdrawal of my blood or other bodily substances subsequent to being arrested for a violation of SDCL 32-23-1. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. Any false statement or concealment of any material facts subjects any license issued to immediate cancellation. I consent to the release of my driving record information.

I certify that, if required by law, I have already registered with the Selective Service; or if I have not registered I am consenting to registration as required by Federal law. I authorize the Department of Public Safety to forward my personal information required for such registration to the U.S. Selective Service System pursuant to SDCL 32-12-17.12 and SDCL 32-12A-7.1.

I understand that upon issuance of a driver's license or identification card in the state of South Dakota, any driver's license or identification card previously issued by another state will be cancelled.

SIGNATURE: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_  
Your signature here applies to the entire application

**SECTION D: COMMERCIAL DRIVER LICENSE APPLICANTS ONLY**

I am applying for: \_\_\_ CLASS A (Combination Vehicle) \_\_\_ CLASS B (Heavy Straight Vehicle) \_\_\_ CLASS C (Commercial Vehicle under 26,001 lbs. with applicable endorsements)

COMMERCIAL ENDORSEMENTS: \_\_\_ PASSENGER (P) \_\_\_ DOUBLE/TRIPLE TRAILER (T) \_\_\_ HAZARDOUS MATERIALS (H) \_\_\_ SEASONAL CDL (W) \_\_\_ 90 day or \_\_\_ 180 day

\_\_\_ SCHOOL BUS (S) \_\_\_ TANK VEHICLES (N) \_\_\_ COMBINATION TANK/HAZARDOUS MATERIALS(X) \_\_\_ MOTORCYCLE (3)

- 1. YES \_\_\_ NO \_\_\_ I will be operating a vehicle equipped with air brakes.
2. Check one of the following: (NI) \_\_\_ I drive interstate and am subject to 49 CFR PART 391 (present valid medical certificate).
(EI) \_\_\_ I drive interstate and am excepted from 49 CFR PART 391.
(EA) \_\_\_ I drive intrastate only and am not subject to 49 CFR Part 391.
(NA) \_\_\_ I drive intrastate and am subject to 49 CFR Part 391 in accordance with SDCL 32-12A-24 (Intrastate Only) (present valid medical certificate)
3. YES \_\_\_ NO \_\_\_ SCHOOL BUS APPLICANTS: Have you been convicted of DUI within the past three years, or have you ever been convicted of any offense involving moral turpitude?
4. YES \_\_\_ NO \_\_\_ Have you held a license in any other state, province, or country over the last 10 years? If YES, list where \_\_\_\_\_.

**CDL Downgrade:**

[ ] I am choosing to drop my CDL. I understand that when/if I want to obtain my CDL license again, I will have to complete all required knowledge and skills tests. Initials: \_\_\_\_\_

[ ] I am choosing to drop my CDL endorsement(s). I understand that when/if I want to obtain my endorsement(s) again, I will have to complete all required knowledge and skills tests. Initials: \_\_\_\_\_ Endorsement(s): \_\_\_\_\_

**SECTION E: APPLICANT'S UNDER 18 YEARS OF AGE**

**PARENTAL/GUARDIAN CONSENT MUST BE COMPLETED AND SIGNED BEFORE A NOTARY PUBLIC OR SOUTH DAKOTA DRIVER EXAMINER**

I certify that I am the Parent/Guardian and I hereby grant permission for her/him: (Check all that apply)

- [ ] Apply for a South Dakota driver license, instruction permit, or non-driver identification card under the requirements of South Dakota law;
[ ] Have the organ/tissue donor indicator placed on the driver license, permit, or non-driver identification card.

**Instruction permit upgrade only:**

- [ ] I certify the minor applicant has completed the requirements of the instruction permit. This driver has completed 50 hours of adult supervised driving since the issuance of the Learner's permit. The 50 hours of driving have included 10 hours in inclement weather, and 10 hours have been after dark.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Present Address \_\_\_\_\_ City, State, & Zip Code \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

My Commission Expires:

Signature of Notary Public or South Dakota Driver Examiner
State of South Dakota

**EXAMINER USE ONLY**

Commercial Learners Permit Restrictions: P X Commercial Driver License Restrictions: E K L M N O V W Z

Driver License Restrictions: A B C F G I R Y

**VISUAL ACUITY**

LEFT EYE BOTH EYES RIGHT EYE
20/ 20/ 20/

\_\_\_ W/O CORR LENS \_\_\_ WITH CORR LENS

NEW \_\_\_ RENEWAL \_\_\_ DUP \_\_\_

TRANSFER \_\_\_ DATA CHANGE \_\_\_

GK \_\_\_ 3RD PARTY CDL \_\_\_ COMPLETION DATE \_\_\_
CV \_\_\_ DRIVERS ED \_\_\_ COMPLETION DATE \_\_\_
AB \_\_\_ MC SAFETY \_\_\_ COMPLETION DATE \_\_\_
DT \_\_\_
TK \_\_\_ COMPUTER CHECKS: CDLIS \_\_\_ PDPS \_\_\_ E-Agent \_\_\_
HZ \_\_\_ SAVE/VLS \_\_\_ SSN \_\_\_
PV \_\_\_
SB \_\_\_ CDLIS 2ND VERIFICATION CHECKS:
TEST REQUIRED: VISION \_\_\_ KNOWLEDGE \_\_\_ SKILL \_\_\_
KNOWLEDGE TEST \_\_\_
SKILLS TEST \_\_\_

FEE COLLECTED \$ \_\_\_ Q \_\_\_ C \_\_\_ T \_\_\_ EXAMINER ID \_\_\_
DL/ID SURRENDERED? YES NO
FEDERALLY COMPLIANT? YES NO
STATE \_\_\_ CLASS \_\_\_

**Documents Presented**

**U.S. Citizen**

\_\_\_ U.S. Birth Certificate
\_\_\_ U.S. Passport
\_\_\_ Certificate of Birth Abroad
\_\_\_ Citizen/Natural Cert.
A #
Cert. #

**Non-Citizen**

\_\_\_ Perm. Res. Card
A #
Cert.#
\_\_\_ Emp. Auth. Doc
A #
Cert. #
\_\_\_ Foreign Passport #
I-94 #
I-571 #
I-20/J-1/F-1
Sevis #
VLS Case #

**Social Security**

\_\_\_ SS Card
\_\_\_ W-2 Form
\_\_\_ 1099 Form
\_\_\_ Payroll Stub
**Other**
\_\_\_ Veteran / Form
\_\_\_ Address Consent
\_\_\_ Residency Affidavit
\_\_\_ Vision Statement

**Name Change**

\_\_\_ U.S. Marriage Certificate
\_\_\_ Divorce Decree
\_\_\_ Court Name Change

**Address**

\_\_\_ Address docs

Notes: