

SOUTH DAKOTA DRIVER LICENSE / I.D. CARD APPLICATION

(Print in Black Ink)

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 _____ DAYTIME PHONE NUMBER _____
EMAIL ADDRESS _____

I AM APPLYING FOR: ___ DRIVER LICENSE ___ INSTRUCTION PERMIT ___ IDENTIFICATION CARD

DRIVER LICENSE CLASS:
Car/Light Truck/Moped: ___ **Car/Light Truck/Moped/Motorcycle:** ___ **Motorcycle Only:** ___ **Commercial Driver License:** ___
___ Class 1 ___ Class 2 ___ Class 3 ___ CDL (Complete Section A below & Section C on page 2)

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), or certificate signed by veterans 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 _____ .

VOTER REGISTRATION

YES ___ NO ___ Do you wish to register to vote? If yes, answer #1. Answer #2 and/or #3 if they apply to you.
YES ___ NO ___ If you are currently registered to vote, do you want to make changes to your registration? If yes, answer #1. Answer #2 and/or #3 if they apply to you.

1. Choice of party _____ If you are currently registered to vote 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 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.

2. If your residential address (listed above) is a **post office box, rural box, or general delivery**, you must give the location of your residence:

3. I was **last** registered with the following name and/or address, which will be cancelled:

_____ Jr Sr II III IV
Last First Middle Circle One
Previous Address City/Town State Zip County

The deadline for registration is 15 days before any election. If you opted to register to vote or update your registration this information will be forwarded to your county auditor. You will receive a notice of your registration within 15 days. If you do not, contact your county auditor.

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 B: 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 C: 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 DOT medical card**).
 (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 (school bus endorsed)
(present valid DOT medical card)
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 and/or CDL endorsement(s). I understand that when/if I want to obtain my CDL license or endorsement(s) again, I will have to complete all required knowledge and skills tests. Initials: _____

SECTION D: APPLICANT'S UNDER 18 YEARS OF AGE

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

I certify that I am a Parent/Guardian of (print name) _____
 and I hereby grant permission for her/him to:
 (Check all that apply)

- Apply for a South Dakota driver license or permit under the requirements of South Dakota law;
- Apply for a South Dakota 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.

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

3RD PARTY CDL COMPLETION DATE _____

DRIVERS ED COMPLETION DATE _____

MC SAFETY COMPLETION DATE _____

COMPUTER CHECKS: CDLIS PDPS

SAVE SSN

CDLIS 2nd VERIFICATION CHECKS: _____

TEST REQUIRED: VISION KNOWLEDGE SKILL

KNOWLEDGE TEST _____

SKILLS TEST _____

FEE COLLECTED Q C T EXAMINER ID _____

LICENSE SURRENDERED? _____

STATE _____ CLASS _____

COMPLIANT _____ NON-COMPLIANT _____

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

- GK _____
- CV _____
- AB _____
- DT _____
- TK _____
- HZ _____
- PV _____
- SB _____

W/O CORR LENS WITH CORR LENS

NEW RENEWAL DUP

TRANSFER DATA CHANGE

Documents Presented

U.S. Citizen

- Compliant DL/ID
- U.S. Birth Certificate
- U.S. Marriage Certificate
- U.S. Passport
- Certificate of Birth Abroad
- Citizen/Natural Cert.

Non-Citizen

- Perm Res. Card
- Foreign Passport & I-94
- Emp. Auth. Doc.
- Address**
- Address docs

Social Security

- SS Card
- W-2 Form
- 1099 Form
- Payroll stub

Notes: _____

