



**APPLICATION FOR SOUTH DAKOTA RESTRICTED PERMIT**

Mail completed form to:  
 Driver Licensing  
 118 W Capitol Ave  
 Pierre SD 57501-2000

**INSTRUCTIONS ON COMPLETING THE APPLICATION FORM**

All applicants must complete Parts I, II AND III. Part IV must be completed by your employer. Part V must be completed if you are self employed. Part VI must be completed if you are requesting driving time to/from school.

In determining the need to operate a motor vehicle to and from work or school, the following will be considered (1) Residence more than one mile from place of employment or school, (2) Presence of some physical handicap which will not allow applicant to walk from his/her residence to his/her place of employment or school. (3) Existence of no other means of transportation such as someone else in the family who can drive the applicant to work or back, a car pool which can pick him/her up, or any public transportation which is available within one mile of the applicant's home, place of business, or school. Proof of auto insurance must be provided to the department prior to issuance. The issuance of this restricted license is based on meeting all appropriate requirements.

**I. APPLICANT'S INFORMATION**

Full Name		Date of Birth		Operators License No.	
Eye Color	Hair Color	Sex	Height	Weight	
Resident Address		City/State/Zip		Phone Home _____ Work _____	
Mailing Address		Nature of Work			
Briefly describe transportation options available. (Example bus routes, car pools, taxi)					
Distance from your home to place of employment or school:					
Describe any physical handicap or circumstance that would prevent you from walking to your place of employment or school:					

**II. DRIVING TIME REQUESTED Make sure to indicate AM or PM. The permit cannot be issued for more than 12 hours per day. Your hours will be printed on the permit exactly as requested.**

DAY OF WEEK	TO DESTINATION		OTHER DRIVING TIME		TO HOME	
	Depart	Arrive	Depart	Arrive	Depart	Arrive
SUNDAY		( )AM ( )PM		( )AM ( )PM		( )AM ( )PM
MONDAY		( )AM ( )PM		( )AM ( )PM		( )AM ( )PM
TUESDAY		( )AM ( )PM		( )AM ( )PM		( )AM ( )PM
WEDNESDAY		( )AM ( )PM		( )AM ( )PM		( )AM ( )PM
THURSDAY		( )AM ( )PM		( )AM ( )PM		( )AM ( )PM
FRIDAY		( )AM ( )PM		( )AM ( )PM		( )AM ( )PM
SATURDAY		( )AM ( )PM		( )AM ( )PM		( )AM ( )PM

**III. APPLICANT'S CERTIFICATION**

Under the penalty of perjury, I certify that the information contained in this application is true and correct. I understand failure to properly complete this application in its entirety will void my request. I also understand that, if this application is the result of an out-of-state DWI conviction (2<sup>nd</sup> or subsequent offense, or first offense if BAC was 0.17 percent or more) the permit will be conditioned upon my total abstinence from the use of alcohol. A violation of this condition will result in immediate revocation of the permit.

\_\_\_\_\_ Date \_\_\_\_\_ Applicants Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (SEAL)

Signature of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_  
 (Seal)

**IV. EMPLOYER'S INFORMATION**

Employer	Name of Business	
Address	City/State/Zip	
Name of Supervisor	Phone	
Distance from home to work:	Type of work performed:	

I can confirm necessity for my employee to drive from home to work Yes \_\_\_\_\_ No \_\_\_\_\_

I can confirm necessity for my employee to drive on the job during working hours. Yes \_\_\_\_\_ No \_\_\_\_\_

**Under the penalty of perjury, I the employer certify that the information contained above is true and correct.**

\_\_\_\_\_ Date \_\_\_\_\_ Employer Signature

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

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_ (Seal)

**V. SELF-EMPLOYED INFORMATION**

Name of Business	Type of Business
Address	City/State/Zip

**Under the penalty of perjury, I as a self- employer certify that the information contained above is true and correct.**

\_\_\_\_\_ Date \_\_\_\_\_ Signature for self-employment

**VI. SCHOOL INFORMATION**

Name of School	Phone
Address	City/State/Zip

PLEASE ATTACH A COPY OF APPLICANT'S CLASS SCHEDULE. (Update as needed based on class changes.)

**Under the penalty of perjury, I as the School Administrator certify that the information contained in this application is true and correct.**

\_\_\_\_\_ Date \_\_\_\_\_ School Administrator's Signature

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

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_ (Seal)