

Restricted Work/School Permit Application

Please read the below information regarding potential additional requirements for your application to be processed. If documentation is missing, you will receive a letter informing you of the missing documentation and after 30 days a denial letter will be sent for your application. Should your application be denied because of missing documentation, a new application will need to be completed and submitted for consideration.

INSURANCE REQUIREMENTS:

If applying because of a *Driving Under the Influence* or *No Insurance* conviction, an SR22 filing will need to be received from your insurance company as part of your application. For any other withdrawal, proof of auto insurance (listing you as a driver on the policy and the policy expiration date) will need to be included with your application.

DRIVING UNDER THE INFLUENCE REQUIREMENTS:

If this application is the result of an out-of-state *Driving Under the Influence* conviction (2nd or subsequent offense), a Chemical Dependency Certificate (Alcohol Treatment Completion Papers) will also be required as part of your application. Additionally, if the *Driving Under the Influence* conviction is a 2nd or subsequent offense or a first offense with a BAC of 0.17 percent or more (or if you cannot obtain proof of your BAC), proof of enrollment with a South Dakota 24/7 Program will be required. Proof of your BAC level will need to be submitted with your application if you are not sending your 24/7 Program paperwork in with the rest of your application.

For information regarding the additional 24/7 Program paperwork please visit the South Dakota Attorney General's website at <https://atg.sd.gov/legal/DUI247> or contact your local 24/7 Program. There are 3 forms our office will require for the proof of 24/7 enrollment. They can be found on the website under the Forms section and must be filled out with the 24/7 Program.

SCHOOL PERMIT REQUIREMENTS:

If applying for a permit for School purposes, you will need to attach a copy of your class schedule. If your class schedule changes, please send in an updated class schedule as well as drive times to have an updated permit issued.

If you have any questions regarding the requirements for your specific application, please feel free to contact our office at 605-773-6883 Monday-Friday between the hours of 8:00 am and 5:00 pm (Central Time).

Completed applications can be submitted by email, fax, or mail to:
Driver Licensing Program
118 W Capitol Ave
Pierre, SD 57501
Fax: 605-773-3018
Email: dpsdl@state.sd.us

All applicants must complete Parts 1-3. Part 4 must be completed by your employer. Part 5 must be completed if you are self-employed. Part 6 must be completed if you are requesting driving time to/from school.

In determining the need to operate a motor vehicle to and from employment/school, the following will be considered: (1) Residence is more than one mile from place of employment/school, (2) Presence of some physical handicap which will not allow the applicant to walk from their residence to their place of employment/school, (3) Existence of no other means of transportation such as someone else in the family who can drive the applicant to work and back, a car pool which can pick them up, or any public transportation which is available within one mile of the applicant's home, place of employment, 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.

1. APPLICANT'S INFORMATION

Full Name		Date of Birth		Operators License No.	
Eye Color	Hair Color	Sex	Height	Weight	
Resident Address		City/State/Zip		Phone	
Mailing Address		Nature of Work			
Briefly describe transportation options available (examples: bus routes, carpools, taxi, etc.):					
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:					

2. 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 Work/School		Driving Time During Work		To Home	
	Depart	Arrive	Depart	Arrive	Depart	Arrive
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

3. APPLICANT'S SIGNATURE & 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 (2nd 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 and proof of enrollment with a South Dakota 24/7 Program. A violation of these conditions will result in the immediate revocation of the permit.

_____ Date _____ Applicant's Signature

Subscribed and sworn before me this _____ day of _____, 20____ (SEAL)

Signature of Notary Public _____ My Commission Expires _____
(Seal)

4. 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)

5. 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

6. SCHOOL INFORMATION

Name of School	Phone
Address	City/State/Zip

Please attach a copy of 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)