

**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY – DRIVER LICENSING PROGRAM
REQUEST FROM RECORD HOLDER**

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 _____
(month/day/year)

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

My mailing address is _____
(Street/apt unit/PO Box) (City) (State) (Zip Code)

my telephone number is () _____ - _____ .
(Include area code)

Please note that a Full Driving Record may only be requested by the driver (Please check 1 box):

- Full Driving History 3 Year History 3 Year CDL History

NOTARY INFORMATION

THIS FORM MUST BE NOTARIZED BY A PUBLIC NOTARY OR SIGNED IN FRONT OF A SOUTH DAKOTA DRIVER'S LICENSE EXAMINER. ELECTRONIC NOTARIES WILL NOT BE ACCEPTED.

Subscribed and sworn before me this _____, day of _____, _____.
My Commission expires / /

(Seal)

(Notary Public Signature)

(Applicant Signature)

(Date)

SEND FORM ALONG WITH A \$5.00 FEE TO:

If fee is not included, your request can not be processed.

DRIVER LICENSING
118 W CAPITOL AVE
PIERRE SD 57501-2036

Fax form to: 605-773-3018 (Please call to make payment via phone at 605-773-6883)

Email form to: dpsmvrs@state.sd.us (Please call to make payment via phone at 605-773-6883)

All credit card payments have an additional \$2 processing fee.

The record will be mailed to the address you provided above. **If you would like to receive the record via email or fax, please provide that information:**

Email Address or Fax Number

You may also take this form and fee to any South Dakota Exam Station.

This section is only required if you are authorizing someone else to obtain your driving record.

I HEREBY AUTHORIZE:

(First Name)

(Middle Initial)

(Last Name)

(Mailing Address)

TO OBTAIN MY ABSTRACT OF DRIVER'S OPERATING RECORD INCLUDING MY PERSONAL INFORMATION ON THE RECORD.