

**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSING PROGRAM
REQUEST FROM RECORD HOLDER FOR A FULL DRIVING RECORD HISTORY**

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 telephone number is () _____.
(include area code)

NOTARY INFORMATION

**(THIS FORM MUST BE NOTARIZED BY A PUBLIC NOTARY OR SIGNED IN FRONT OF A SOUTH DAKOTA DRIVER'S
LICENSE EXAMINER).**

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:

DRIVER LICENSING
118 W CAPITOL AVE
PIERRE SD 57501-2036

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

Email to: dpsmvr@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 the following South Dakota Exam Stations:

Aberdeen Brookings Rapid City Watertown Mitchell Yankton Sioux Falls

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.