SOUTH DAKOTA DRIVER LICENSE / I.D. CARD APPLICATION

SD DRIVER LICENSE/I NAME LAST RESIDENTIAL ADDRES	D NUMBER		SOCIAL SECURITY NU Circle One: Jr Sr II III IV			
NAME			Circle One:			
LAST			le Se II III IV			
				DATE OF BIRTH	_// Sex	
RESIDENTIAL ADDRE	FIRST	MIDDLE		Monti	h Day Year	
	ss		CITY	STATE	ZIP CODE	
		Apt #				
MAILING ADDRESS	(If different than	above)	CITY	STATE	ZIP CODE	
HEIGHT FT	IN. WEIGHT	EYE COLOR	co	UNTY		
MAIL ADDRESS DAYTIME PHONE NUMBER						
' 						
	DRIVER LICENSE	INSTRI	JCTION PERMIT	IDENTIFICATION C	CARD	
DRIVER LICENSE CLA		od/Motorovolov	Mataravala Only	Commorpial Driver Li	laanaa	
Car/Light Truck/Mopeo Class 1	f: Car/Light Truck/Mop Class 2	ea/Motorcycle:	Motorcycle Only: Class 3	Commercial Driver Li CDL (Complete Sec		
					<u>, 2 4 2)</u>	
		SECTION A	A: ALL APPLICANTS	d.		
1. YES NO	. ,		•			
2. YES NO	- ,	•	ealth and want it to be indica	ated on your license?		
3. YES NO	Are you currently behind in	n child support paym	ents of \$1,000 or more?			
4. YES NO						
5. YES NO			LICENSE # sued in any other state/cou			
5. FES NO			ID#			
6. YES NO		• — — — —	ght to drive suspended, rev		ed, or denied?	
			Which State? _			
7. YES NO			entification card and are app	olying for a duplicate card?	?	
	If YES, which state was y I also certify that I have lost or de	stroyed the last issued driv	ver license or identification card issue	ed to me and it is no longer in my p	ossession. I understand that the prior card	
	is now null and void and may not	be used to operate a moto	rvehicle or to be used for identificati	ion purposes.		
8. YES NO	Have you, in the past twelver or blackouts? If YES, the			eptic episodes or other con	nvulsions, seizures,	
9. YES NO	•	•		ty in the U.S. Armed Force	es? (Must show ID)	
	_ Have you ever been known	• •	·	•	co. (macronow 12)	
	If YES, what name(s)					
11. YES NO	_ Are you a United States citi	zen? (If no, you mu	st show documents proving	lawful status)		
			aa p	iaviai status.)		
12. YES NO	_ Would you like veteran indi		e? Must prove honorable	discharge by providing		
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SECTION D: COMMERCIAL DRIVER LICENSE APPLICANTS ONLY							
I am applying for:		Commercial Endorsements:					
☐ Class A (Combination Vehicle – 26,001 lbs. or more)		□ Passenger (P)	☐ Tank Vehicles (N)				
☐ Class B (Heavy Straight Vehicle – 26,001 lbs. or more)		☐ School Bus (S)	☐ Combination Tank/Hazardous (X)				
☐ Class C (Single Vehicles – under 26,001 lbs. with applicab	le endorsements)	☐ Double/Triple Trailer (T)	☐ Seasonal CDL (W Restriction)				
☐ Motorcycle (3)		☐ Hazardous Materials (H)	□ 90 Days				
☐ Commercial Learners Permit (CLP)			☐ 180 Days				
☐ Class A ☐ Class B ☐ Class C							
You must check ONE of the following:							
(NI) I drive interstate and am subject to medical card requirements (49 CFR PART 391) (Valid DOT Medical Certificate required).							
☐ (EI) I drive interstate and am exempt from medical card requirements (49 CFR PART 391).							
☐ (EA) I drive intrastate only and am not subject to medical of							
□ (I/A) I drive intrastate and am subject to medical card requirements (49 CFR PART 391) in accordance with SDCL 32-12A-24 (Intrastate Only and valid DOT							
Medical Certificate required).							
☐ YES ☐ NO I will be operating a vehicle equipped with ai ☐ YES ☐ NO Have you held a license in any other state, p		4h- 1 10 16.VEC 11-1					
☐ YES ☐ NO SCHOOL BUS APPLICANTS ONLY: Have offense involving moral turpitude?	you been convicted or a	DOI WIGHT the past 3 years of ha	ave you ever been convicted or any				
CDL Downgrade:							
☐ I am choosing to drop my CDL or CDL endorsements							
testing will be required if it has been over one year from this a will be required, and if I apply within 30 days of this application			this application only knowledge testing				
will be required, and it i apply within 30 days of this application	on no testing will be requi	reu.					
Initials: CDL Class: CDL Endo	orsement(s):	_					
SECTION E	ADDI ICANTS LINE	ER 18 YEARS OF AGE					
PARENTAL/GUARDIAN CONSENT MUST BE COMPLE			OUTH DAKOTA DRIVER EXAMINER				
I certify that I am the Parent/Guardian and I hereby grant per		ONE A NOTALL TOBELO OLLO	OOTH DAKOTA DRIVER EXAMINER				
(Check all that apply)							
Apply for a South Dakota driver license, instru	ction permit, or non-drive	r identification card under the re-	quirements of South Dakota law;				
☐ Have the organ/tissue donor indicator placed o	on the driver license ner	mit or non-driver identification co	and				
Thave the organitussue donor indicator placed to	on the univer license, pen	mit, or non-univer identification ca	aru.				
Upgrade from Instruction Permit to Restricted Minors Pe	ermit:						
☐ I certify the minor applicant has completed the	 ,	ruction permit. This driver has co	maleted 50 hours of adult supervised				
driving since the issuance of the Learner's permit.	•	•					
after dark.	The 30 flours of driving i	lave included 10 flours in inclem	ent weather, and 10 hours have been				
Parent/Guardian Signature		Print Name					
Dharatani Addana							
Physical Address*Please include city, state, and zip code							
Subscribed and swom to before me on this day of	20						
	,						
	:	Signature of Notary Public or So	uth Dakota Driver Examiner				
My Commission Expires:		State of South Dakota					
EXAMINER USE ONLY							
Commercial Learners Permit Restrictions: P X Commercial	cial Driver License Restric	ctions: E K L M N O	v w z				
Driver License Restrictions: A B C F G I R Y		ann na navana	ADJETION DATE				
	CK		MPLETION DATE				
VISUAL ACUITY	GK	DRIVERS ED COM	MPLETION DATE				
LEET EVE DOTH EVED BIOLIT EVE	CV	MC SAFETY COI	MPLETION DATE				
LEFT EYE BOTH EYES RIGHT EYE	ov	COMPUTER CHECKS: CDLIS_	PDPS E-Agent				
20/ 20/ 20/	AB		LS SSN				
		CDLIS 2 nd VERIFICATION CHEC					
W/0 CORR LENS WITH CORR LE	NS DT		_ KNOWLEDGE SKILL				
W/O CONN LENS WITH CONN LE	110						
NEW RENEWAL DUP	TK	KNOWLEDGE TEST RESULTS:					
		SKILLS TEST RESULTS:					
TRANSFER DATA CHANGE	HZ	FEE COLLECTED \$Q_	C T EXAMINER ID				
	D\/	DL / ID SURRENDERED?	YES NO				
	PV	FEDERALLY COMPLIANT?					
	SB		CLASS				
Documents Presented	·						
	Citizen	Social Secu	ıritv				
	Permanent Resident C						
	Employment Auth. Doc						
	oreign Passport	1099					
Certificate of Citizenship	I-94	Payroll	Stub				
	Refugee Travel Do	oc <u>Other</u>					
Name Change	I-20	Veteran	/ Form				
Marriage Certificate	DS-2019	Address	s Consent				
	I-797		ncy Affidavit				
Court Name Change		Vision S	Statement				
Address Dec(s)	2 4						
``	Case #						
Overnight Stay							
Notes:							
Notes:							

2