

# SOUTH DAKOTA DRIVER LICENSE / I.D. CARD APPLICATION

(Print in Black Ink)

DRIVER LICENSE/ID NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER       -    -        

NAME \_\_\_\_\_ Circle One: DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_  
LAST FIRST MIDDLE Jr Sr II III IV Month Day Year

RESIDENTIAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Apt #

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(If different than above)

HEIGHT \_\_\_\_ FT. \_\_\_\_ IN. WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ COUNTY \_\_\_\_\_ DAYTIME PHONE NUMBER \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

I AM APPLYING FOR:   \_\_\_ DRIVER LICENSE                   \_\_\_ INSTRUCTION PERMIT                   \_\_\_ IDENTIFICATION CARD

DRIVER LICENSE CLASS:

**Car/Light Truck/Moped:**           **Car/Light Truck/Moped/Motorcycle:**           **Motorcycle Only:**           **Commercial Driver License:**  
 \_\_\_ Class 1                           \_\_\_ Class 2                           \_\_\_ Class 3                           \_\_\_ CDL (Complete Section A below & Section C on page 2)

## SECTION A: ALL APPLICANTS:

1. YES \_\_\_ NO \_\_\_ Do you have a Living Will and want it to be indicated on your license?
  2. YES \_\_\_ NO \_\_\_ Do you have Durable Power of Attorney for Health and want it to be indicated on your license?
  3. YES \_\_\_ NO \_\_\_ Are you currently behind in child support payments of \$1,000 or more?
  4. YES \_\_\_ NO \_\_\_ Are you currently licensed to drive in another state/country?  
 If YES, in what state /country? \_\_\_\_\_ LICENSE # \_\_\_\_\_
  5. YES \_\_\_ NO \_\_\_ Do you currently have an Identification Card issued in any other state/country?  
 If YES, in what state/country \_\_\_\_\_ ID # \_\_\_\_\_
  6. YES \_\_\_ NO \_\_\_ Do you currently, or have you ever had your right to drive suspended, revoked, canceled, disqualified or denied?  
 If YES, When \_\_\_\_\_ Which State? \_\_\_\_\_ Reason? \_\_\_\_\_
  7. YES \_\_\_ NO \_\_\_ Have you, in the past twelve months, experienced any epileptic or narcoleptic episodes or other convulsions, seizures, or blackouts? If YES, the date of the last episode. \_\_\_\_\_
  8. YES \_\_\_ NO \_\_\_ Are you currently on active duty, or the dependent of a person on active duty, in the U.S. Armed Forces? (Must show ID)
  9. YES \_\_\_ NO \_\_\_ Have you ever been known by any other name, **including** maiden name? If YES, what name(s) \_\_\_\_\_
  10. YES \_\_\_ NO \_\_\_ Are you a United States citizen? (If no, you must show documents proving lawful status.)
  11. YES \_\_\_ NO \_\_\_ Would you like veteran indicated on your license? **Must prove honorable discharge by providing military DD Form 214, DD Form 2 (retired), DD Form 2A (reserve retired), or certificate signed by veterans service officer.**
- In the event of my death, I would like to be an organ/tissue donor.
- To remove an existing donor indicator on your card write "remove" here and initial \_\_\_\_\_ .

## VOTER REGISTRATION

YES \_\_\_ NO \_\_\_ **If you are not currently registered to vote, do you want to register to vote?**  
 YES \_\_\_ NO \_\_\_ **If you are currently registered to vote, do you want to update your registration (change you name, address, or party affiliation)?**  
 Information provided on this voter registration application will be forwarded to your county auditor.  
**Please complete the areas of this section that pertain to you ONLY if you are registering to vote or updating your current voter registration.**  
 If residence address is a post office box, rural box, or general delivery, you must give the location of your residence: \_\_\_\_\_

Choice of party \_\_\_\_\_. If you leave this choice of party as blank, you will be entered in as an independent/no party affiliation voter, which is not a political party in South Dakota.

I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:

* I am a citizen of the United States of America; * I actually live at and have no present intention of leaving the above address; * I will be 18 on or before the next election;	* I have not been judged mentally incompetent; * I am not currently serving a sentence for a felony conviction; and * I authorize cancellation of my previous registration.
---	---

I wish to be registered as shown above. I was **last** registered with the following name and address which will be cancelled:

Last	First	Middle	Circle One: Jr Sr II III IV
Previous Address	City/Town	State	Zip
County			

**The deadline for registration is 15 days before any election.**

Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor.

**Auditor use only: Agency Code A – Driver Licensing**

## SECTION B: LOST LICENSE/IDENTIFICATION CARD CERTIFICATION

If you are applying for a duplicate, renewal or transfer of your driver license or identification card, and have lost the last driver license/identification card issued to you, complete this section:

I have lost or destroyed the last driver license or identification card issued to me by the state of \_\_\_\_\_ and it is not now in my possession. I fully realize that by making this statement, said license/identification card is null and void and may not be used for operating a motor vehicle or for identification purposes.

I UNDERSTAND that I, as an operator of a motor vehicle in this State, have consented to the withdrawal of my blood or other bodily substance in accordance with SDCL 32-23-10, which requires me to submit to the withdrawal of my blood or other bodily substances subsequent to being arrested for a violation of SDCL 32-23-1. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. Any false statement or concealment of any material facts subjects any license issued to immediate cancellation. I consent to the release of my driving record information.

I certify that, if required by law, I have already registered with the Selective Service; or if I have not registered I am consenting to registration as required by Federal law. I authorize the Department of Public Safety to forward my personal information required for such registration to the U.S. Selective Service System pursuant to SDCL 32-12-17.12 and SDCL 32-12A-7.1.

I understand that upon issuance of a driver's license or identification card in the state of South Dakota, any driver's license or identification card previously issued by another state will be cancelled.

**SIGNATURE:** \_\_\_\_\_ **DATE OF APPLICATION:** \_\_\_\_\_  
 Your signature here applies to the entire application

**SECTION C: COMMERCIAL DRIVER LICENSE APPLICANTS ONLY:**

I am applying for:  CLASS A (Combination Vehicle)  CLASS B (Heavy Straight Vehicle)  CLASS C (Commercial Vehicle under 26,001 lbs. with applicable endorsements)

**COMMERCIAL ENDORSEMENTS:**  PASSENGER (P)  DOUBLE/TRIPLE TRAILER (T)  HAZARDOUS MATERIALS (H)  SEASONAL CDL (W)  
 90 day or  180 day

SCHOOL BUS (S)  TANK VEHICLES (N)  COMBINATION TANK/HAZARDOUS MATERIALS(X)  MOTORCYCLE (3)

1. YES  NO  I will be operating a vehicle equipped with air brakes.
2. Check one of the following: (NI)  I drive interstate and am subject to 49 CFR PART 391 (**present valid DOT medical card**).  
 (EI)  I drive interstate and am excepted from 49 CFR PART 391.  
 (EA)  I drive intrastate only and am not subject to 49 CFR Part 391.  
 (NA)  I drive intrastate and am subject to 49 CFR Part 391 in accordance with SDCL 32-12A-24 (school bus endorsed)  
**(present valid DOT medical card)**
3. YES  NO  **SCHOOL BUS APPLICANTS:** Have you been convicted of DUI within the past three years, or have you ever been convicted of any offense involving moral turpitude?
4. YES  NO  Have you held a license in any other state, province, or country over the last 10 years? If YES, list where \_\_\_\_\_.

**CDL Downgrade:**

I am choosing to drop my CDL and/or CDL endorsement(s). I understand that when/if I want to obtain my CDL license or endorsement(s) again, I will have to complete all required knowledge and skills tests. Initials: \_\_\_\_\_

**SECTION D: APPLICANT'S UNDER 18 YEARS OF AGE**

**PARENTAL CONSENT MUST BE COMPLETED AND SIGNED BEFORE A NOTARY PUBLIC OR SOUTH DAKOTA DRIVER EXAMINER**

I certify that I am a Parent/Guardian of (print name) \_\_\_\_\_  
 and I hereby grant permission for her/him to:  
 (Check all that apply)

- Apply for a South Dakota driver license or permit under the requirements of South Dakota law;
- Apply for a South Dakota non-driver identification card under the requirements of South Dakota law;
- Have the organ/tissue donor indicator placed on the driver license, permit, or non-driver identification card.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Present Address \_\_\_\_\_ City, State, & Zip Code \_\_\_\_\_

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

My Commission Expires:

Signature of Notary Public or South Dakota Driver Examiner  
 State of South Dakota

**EXAMINER USE ONLY**

Commercial Learners Permit Restrictions: P X Commercial Driver License Restrictions: E K L M N O V W Z

Driver License Restrictions: B C E F G I R Y

**VISUAL ACUITY**

LEFT EYE BOTH EYES RIGHT EYE  
 20/ 20/ 20/

**W/O CORR LENS**  **WITH CORR LENS**

NEW  RENEWAL  DUP

TRANSFER  DATA CHANGE

- GK \_\_\_\_\_
- CV \_\_\_\_\_
- AB \_\_\_\_\_
- DT \_\_\_\_\_
- TK \_\_\_\_\_
- HZ \_\_\_\_\_
- PV \_\_\_\_\_
- SB \_\_\_\_\_

3RD PARTY CDL  COMPLETION DATE \_\_\_\_\_

DRIVERS ED  COMPLETION DATE \_\_\_\_\_

MC SAFETY  COMPLETION DATE \_\_\_\_\_

COMPUTER CHECKS: CDLIS  PDPS

SAVE  SSN \_\_\_\_\_

CDLIS 2<sup>nd</sup> VERIFICATION CHECKS: \_\_\_\_\_

TEST REQUIRED: VISION  KNOWLEDGE  SKILL

KNOWLEDGE TEST \_\_\_\_\_

SKILLS TEST \_\_\_\_\_

FEE COLLECTED  Q  C  T  EXAMINER ID \_\_\_\_\_

LICENSE SURRENDERED? \_\_\_\_\_

STATE \_\_\_\_\_ CLASS \_\_\_\_\_

COMPLIANT  NON-COMPLIANT

**Documents Presented**

**U.S. Citizen**

- Compliant DL/ID
- U.S. Birth Certificate
- U.S. Marriage Certificate
- U.S. Passport
- Certificate of Birth Abroad
- Citizen/Natural Cert.

**Non-Citizen**

- Perm Res. Card
- Foreign Passport & I-94
- Emp. Auth. Doc.
- Address**
- Address docs

**Social Security**

- SS Card
- W-2 Form
- 1099 Form
- Payroll stub

Notes: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_