

SOUTH DAKOTA DRIVER LICENSE / I.D. CARD APPLICATION

(Print in Black Ink)

SD DRIVER LICENSE/ID NUMBER _____ SOCIAL SECURITY NUMBER --

NAME _____ 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 _____

EMAIL ADDRESS _____ DAYTIME PHONE NUMBER _____

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 Sections A, B & D)

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 ___ Do you currently have a license 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 lost your current driver license or identification card and are applying for a duplicate card?
If YES, which state was your lost card issued from? _____
I also certify that I have lost or destroyed the last issued driver license or identification card issued to me and it is no longer in my possession. I understand that the prior card is now null and void and may not be used to operate a motor vehicle or to be used for identification purposes.
 8. 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. _____
 9. 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)
 10. YES ___ NO ___ Have you ever been known by any other name, including maiden name?
If YES, what name(s) _____
 11. YES ___ NO ___ Are you a United States citizen? (If no, you must show documents proving lawful status.)
 12. 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), National Guard Form NGB22, Uniformed Services ID (Retired) or certificate signed by veteran's 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 here _____

SECTION B: VOTER REGISTRATION

Your information will be used to update your voter registration or register you to vote.

Do not use my information for voter registration purposes. (Your decision not to register to vote is confidential. If you register, the place where you register is confidential.)

Choice of party _____ If you are currently registered to vote in South Dakota and you leave Choice of party field blank you will remain registered with your current party affiliation. If you are not currently registered to vote in South Dakota and you leave the choice of party blank, you will be entered as a no party affiliation voter.

Last registration location: City: _____ County: _____ State: _____

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 have not been judged mentally incompetent;
- * I have maintained residence in South Dakota for at least 30 days prior to submitting the registration form;
- * I am not currently serving a sentence for a felony conviction; and;
- * I will be 18 on or before the next election;
- * I authorize cancellation of my previous registration.

Description of address: If the address you provided above is a post office box, rural box or general delivery, please provide a physical location of your address, such as 2 miles south, 1 mile west of a community landmark. _____

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 D: COMMERCIAL DRIVER LICENSE APPLICANTS ONLY

I am applying for:

- Class A (Combination Vehicle – 26,001 lbs. or more)
- Class B (Heavy Straight Vehicle – 26,001 lbs. or more)
- Class C (Single Vehicles – under 26,001 lbs. with applicable endorsements)
 - Motorcycle (3)
- Commercial Learners Permit (CLP)
- Class A Class B Class C

Commercial Endorsements:

- Passenger (P)
- School Bus (S)
- Double/Triple Trailer (T)
- Hazardous Materials (H)
- Tank Vehicles (N)
- Combination Tank/Hazardous (X)
- Seasonal CDL (W Restriction)
- 90 Days
- 180 Days

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 card requirements (49 CFR PART 391).
- (NA) 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 air brakes.
- YES NO Have you held a license in any other state, province, or country over the last 10 years? If YES, list where _____.
- YES NO **SCHOOL BUS APPLICANTS ONLY:** Have you been convicted of a DUI within the past 3 years or have you ever been convicted of any offense involving moral turpitude?

CDL Downgrade:

I am choosing to drop my CDL or CDL endorsements. I understand that if I want to regain my CDL or CDL endorsement(s) both knowledge and skills testing will be required if it has been over one year from this application date. If I reapply within one year of the date of this application only knowledge testing will be required, and if I apply within 30 days of this application no testing will be required.

Initials: _____ CDL Class: _____ CDL Endorsement(s): _____

SECTION E: APPLICANTS UNDER 18 YEARS OF AGE

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

I certify that I am the Parent/Guardian and I hereby grant permission for her/him:

(Check all that apply)

- Apply for a South Dakota driver license, instruction permit, or 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.

Upgrade from Instruction Permit to Restricted Minors Permit:

- I certify the minor applicant has completed the requirements of the instruction permit. This driver has completed 50 hours of adult supervised driving since the issuance of the Learner's permit. The 50 hours of driving have included 10 hours in inclement weather, and 10 hours have been after dark.

Parent/Guardian Signature _____ Print Name _____

Physical Address _____

*Please include city, state, and 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: A B C 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 ____ E-Agent ____
SAVE/VLS ____ SSN ____
CDLIS 2nd VERIFICATION CHECKS: _____
TEST REQUIRED: VISION ____ KNOWLEDGE ____ SKILL ____
KNOWLEDGE TEST RESULTS: _____
SKILLS TEST RESULTS: _____
FEE COLLECTED \$ ____ Q ____ C ____ T ____ EXAMINER ID ____
DL / ID SURRENDERED? YES NO
FEDERALLY COMPLIANT? YES NO
STATE _____ CLASS _____

Documents Presented

U.S. Citizen

- ____ U.S. Birth Certificate
- ____ U.S. Passport
- ____ Certificate of Birth Abroad
- ____ Certificate of Citizenship
- ____ Certificate of Naturalization

Name Change

- ____ Marriage Certificate
- ____ Divorce Decree
- ____ Court Name Change

Address

- ____ Address Doc(s)
- ____ Overnight Stay

Non-Citizen

- ____ Permanent Resident Card
- ____ Employment Auth. Doc.
- ____ Foreign Passport
- ____ I-94
- ____ Refugee Travel Doc
- ____ I-20
- ____ DS-2019
- ____ I-797

Social Security

- ____ SS Card
- ____ W-2
- ____ 1099
- ____ Payroll Stub

Other

- ____ Veteran / Form _____
- ____ Address Consent
- ____ Residency Affidavit
- ____ Vision Statement

VLS Case # _____

Notes: _____

