

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: ___ Class 1 **Car/Light Truck/Moped/Motorcycle:** ___ Class 2 **Motorcycle Only:** ___ Class 3 **Commercial Driver License:** ___ 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 ___ 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), National Guard Form NGB22, 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 _____.

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 an independent/no party affiliation voter, which is not a political party in South Dakota.

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 actually live at and have no present intention of leaving the above address;
- * 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.

SECTION C: 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

1 200,000 copies were printed at a cost of \$.016 cents per copy per SDCL 5-18D-15

Implementation Date: July 8, 2022

SECTION D: 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 medical certificate**).
 (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 (Intrastate Only) (**present valid medical certificate**)

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 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: APPLICANT'S 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.

Instruction permit upgrade only:

- 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 _____
 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: 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 ___ 3RD PARTY CDL ___ COMPLETION DATE _____
 CV ___ DRIVERS ED ___ COMPLETION DATE _____
 AB ___ MC SAFETY ___ COMPLETION DATE _____
 DT ___ COMPUTER CHECKS: CDLIS ___ PDPS ___ E-Agent ___
 TK ___ SAVE/VLS ___ SSN ___
 HZ ___ CDLIS 2nd VERIFICATION CHECKS: _____
 PV ___ TEST REQUIRED: VISION ___ KNOWLEDGE ___ SKILL ___
 SB ___ KNOWLEDGE TEST _____
 SKILLS TEST _____
 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
 ___ Citizen/Natural Cert.
 A # _____
 Cert. # _____

Name Change

___ U.S. Marriage Certificate
 ___ Divorce Decree
 ___ Court Name Change

Address

___ Address docs

Non-Citizen

___ Perm. Res. Card
 A # _____
 Cert.# _____
 ___ Emp. Auth. Doc
 A # _____
 Cert. # _____
 ___ Foreign Passport #
 I-94 # _____
 I-571 # _____
 I-20/J-1/F-1 _____
 Sevis # _____
 VLS Case # _____

Social Security

___ SS Card
 ___ W-2 Form
 ___ 1099 Form
 ___ Payroll Stub
Other
 ___ Veteran / Form _____
 ___ Address Consent
 ___ Residency Affidavit
 ___ Vision Statement

Notes: _____