

TO: CLEARANCE LETTER REQUESTER  
FROM: DRIVER LICENSING PROGRAM  
RE: DRIVER'S PRIVACY PROTECTION ACT

The enclosed form is required on behalf of the South Dakota Department of Public Safety to ensure compliance with the provisions of the Driver's Privacy Protection Act to allow the release of information on your record. Please complete the enclosed form (the form must also be **notarized**) and send the completed application to the address, fax, or email below:

Department of Public Safety  
Driver Licensing Program  
118 W Capitol Ave  
Pierre SD 57501  
Email: [DPSDL@state.sd.us](mailto:DPSDL@state.sd.us)  
Fax: 1-605-773-3018

If you have questions, you may contact our office at 1-605-773-6883.

**REQUEST FOR CLEARANCE LETTER**

**Please write legibly or your request may be delayed.**

I hereby certify that my name is \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

I further certify that my date of birth is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ and my South Dakota driver's license  
(Month) (Day) (Year)

number is \_\_\_\_\_ or my social security number is \_\_\_\_\_

my present address is \_\_\_\_\_  
(Street and/apt. unit) (City) (State) (Zip Code)

my telephone number is ( ) \_\_\_\_\_.

***Please specify the information needed to be released:*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mark this box if you are requesting previous South Dakota Commercial Driver License information for proof of exemption from Entry Level Driver Training (ELDT).

**NOTARY INFORMATION  
(THIS FORM MUST BE NOTARIZED)**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission expires / /

(SEAL) \_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Applicant Signature) (Date)

**DO NOT SUBMIT THIS FORM TO A DRIVER EXAM STATION. MAIL, FAX OR EMAIL THIS FORM TO:**  
**DRIVER LICENSING PROGRAM**  
**118 W CAPITOL AVE**  
**PIERRE SD 57501-2036**  
**FAX 1-605-773-3018**  
**Email: [DPSDL@state.sd.us](mailto:DPSDL@state.sd.us)**

Unless otherwise directed, the clearance letter will be mailed to you at the address provided above. If you wish the clearance letter to be sent elsewhere, please provide the following:

Fax to: \_\_\_\_\_ Fax number: \_\_\_\_\_

Or

Email to: \_\_\_\_\_ Email address: \_\_\_\_\_