TO: CLEARANCE LETTER REQUESTERS
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

Fax: 1-605-773-3018
Email: DPSDL@state.sd.us

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

I hereby certify that my name is ____________________________    _______      ___________________________.
(First Name)               (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 (        )________________________.

I am requesting the following information pertaining to my South Dakota driver license
record:_________________________________________________________________________________________.

NOTARY INFORMATION

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 THE FORM TO:
DRIVER LICENSING PROGRAM, 118 W CAPITOL AVE., PIERRE SD 57501-2036
Fax: 1-605-773-3018
Email: 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: ________________________________