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
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)

___________________________________________  (Date)
(Applicant Signature)

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

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: __________________________