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 or fax below:

Department of Public Safety
Driver Licensing Program
118 W Capitol Ave
Pierre SD 57501

Fax: 1-605-773-3018

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 (        )________________________.

NOTARY INFORMATION
(THESE 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 OR FAX 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: _________________________________

REV: 6/20