

TO: CLEARANCE LETTER REQUESTERS
FROM: DRIVER LICENSING PROGRAM
RE: DRIVER'S PRIVACY PROTECTION ACE

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) (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 () _____.

**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 OR FAX THE FORM TO:
DRIVER LICENSING PROGRAM
118 W CAPITOL AVE
PIERRE SD 57501-2036
FAX 1-605-773-3018
Email: DPSlicensingInfo@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: _____