

**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER LICENSING PROGRAM  
REQUEST BY A COMMERCIAL DRIVER LICENSE HOLDER FOR A COMPLETE 3-YEAR SOUTH DAKOTA  
ABSTRACT OF DRIVER'S OPERATING RECORD**

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

I further certify that my date of birth is \_\_\_\_ - \_\_\_\_ - \_\_\_\_ and my driver license # is \_\_\_\_\_,  
(month/day/year)

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

my telephone number is ( ) \_\_\_\_\_.  
(include area code)

**NOTARY INFORMATION**

**(THIS FORM MUST BE NOTARIZED BY A PUBLIC NOTARY OR SIGNED IN FRONT OF A SOUTH DAKOTA DRIVER  
LICENSE EXAMINER).**

Subscribed and sworn before me this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.  
My Commission expires / /

(Seal)

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

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

\_\_\_\_\_  
(Date)

**SEND FORM ALONG WITH A \$5.00 FEE TO:**

DRIVER LICENSING  
118 W CAPITOL AVE  
PIERRE SD 57501-2036

Fax to: 605-773-3018 (Please call to make payment via phone at 605-773-6883)

Email to: [dpsmvr@state.sd.us](mailto:dpsmvr@state.sd.us) (Please call to make payment via phone at 605-773-6883)

***All credit card payments have an additional \$2 processing fee.***

The record will be mailed to the address you provided above. If you would like to receive the record via email or fax,  
please provide that information:

\_\_\_\_\_  
**Email Address or Fax Number**

You may also take this form and fee to the following South Dakota Exam Stations:

Aberdeen      Brookings      Rapid City      Watertown      Mitchell      Yankton      Sioux Falls

**This section is only required if you are authorizing someone else to obtain your driving record.**

I HEREBY AUTHORIZE:

\_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

\_\_\_\_\_  
(Mailing Address)

TO OBTAIN MY ABSTRACT OF DRIVER'S OPERATING RECORD INCLUDING MY PERSONAL INFORMATION ON THE RECORD.