

**SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSING PROGRAM**

MINOR'S PERMIT/LICENSE CANCELLATION

I wish to cancel my authorization for a minor's privilege to operate a motor vehicle in the State of South Dakota.

MINOR'S NAME: _____

DL#: _____

DATE OF BIRTH: _____

The signing of this document signifies that it is understood that if the above named minor reapplies for a South Dakota driver's license or permit after 30 days from the cancellation date, he/she will be required to pass the knowledge test (or successfully complete a state-approved driver education course). When reapplying for a permit/license, the minor will be issued the previous type of permit/license unless otherwise requested by parent/guardian.

(SEAL)

Parent/Guardian Signature

Public Notary/ Driver License Examiner

Date

*Retesting may not be required if cancellation is due to a custodial change.