

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

**PARENTAL CANCEL
OF
LICENSE OR PERMIT**

I WISH TO CANCEL MY MINOR CHILD'S PERMIT/LICENSE TO OPERATE A
MOTOR VEHICLE IN THE STATE OF SOUTH DAKOTA

CHILDS NAME: _____

DL#: _____

DATE OF BIRTH: _____

The signing of this document means that the license/permit will be cancelled and if the parent/guardian wishes that the above named minor be reissued a South Dakota driver's license or permit prior to his/her 18th birthday, he/she will need to pass the written test (or successfully complete a state-approved driver education course) and hold an instruction permit for 180 days (or 90 days with successful completion of driver's education) before being allowed to upgrade to a restricted minor's permit (for individuals under 16 years old) or a regular operator license.

(SEAL)

Parent/Guardian Signature

Notary/Examiner/Clerk of Courts Signature

Date