

**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY – DRIVER LICENSING PROGRAM  
REQUEST FROM RECORD HOLDER**

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 mailing address is \_\_\_\_\_  
(Street/apt unit/PO Box) (City) (State) (Zip Code)

my telephone number is ( ) \_\_\_\_\_ - \_\_\_\_\_ .  
(Include area code)

**Please note that a Full Driving Record may only be requested by the driver (Please check 1 box):**

**Full Driving History**       **3 Year History**       **3 Year CDL History**

**NOTARY INFORMATION**

**THIS FORM MUST BE NOTARIZED BY A PUBLIC NOTARY OR SIGNED IN FRONT OF A SOUTH DAKOTA DRIVER'S LICENSE EXAMINER. CALIFORNIA NOTARY PAGE MUST SPECIFY THE DOCUMENT BEING SIGNED.**

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

(Seal)

\_\_\_\_\_  
(Notary Public Signature, South Dakota Examiner)

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

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

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

If fee is not included, your request can not be processed.

DRIVER LICENSING  
118 W CAPITOL AVE  
PIERRE SD 57501-2036

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

Email form to: [dpsmvrs@state.sd.us](mailto:dpsmvrs@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 any South Dakota Exam Station.

**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.