



CONSENT FOR USE OF SOUTH DAKOTA ADDRESS Homeless Service Provider



(Homeless Service Provider must sign before a Notary Public or driver license examiner)

The purpose of this form is for a Homeless Service Provider (HSP) to grant consent to an applicant, who does not have a permanent residential address, to use their address solely for the purpose of obtaining a non-driver identification card. The HSP (person consenting) must provide an affidavit attesting the applicant is homeless, and this consent to use address. This form must be signed in front of a notary public or South Dakota driver license examiner.

I _____ hereby give consent
(Print Name of Representative of HSP and HSP)

for _____ to use the HSP South Dakota address,
(Print Applicant Name)

(Street Address, City, State, Zip)

on their non-driver identification card application. To my knowledge the applicant does not have a residence in any other state.

I declare and affirm under the penalties of perjury (2 years imprisonment and \$4,000 fine) that this claim (petition, application, information) has been examined by me and to the best of my knowledge and belief, is in all things true and correct. Any false statement or concealment of any material facts subjects any driver license or non-driver identification card issued to immediate cancellation.

HSP Representative Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20__.

(SEAL)

Notary Printed Name

Notary Signature

My Commission Expires

or

South Dakota Driver License Examiner Signature

Date



SOUTH DAKOTA
DEPARTMENT
OF PUBLIC SAFETY

prevention — protection — enforcement

AFFIDAVIT

Non-driver Identification Card Fee Waiver Homeless Service Provider*



The purpose of this affidavit is the applicant's request for the Department of Public Safety to waive the application fee for a non-driver identification card for an individual experiencing homelessness in accordance with SDCL 32-23-17.2.

This form must be accompanied by a completed application, a certified copy of a certificate of birth or another form of evidence of date of birth and identity as allowed by SDCL 32-12-3.1, and Homeless Service Provider (HSP) Consent for use of South Dakota Address form.

PLEASE NOTE: If approved, the applicant understands the waiver of the application fee is limited to one occurrence per applicant.

Applicant Printed Name (First, Middle, Last)

Applicant Date of Birth

By signing this affidavit, I attest that the following statements are true and correct to the best of my knowledge:

1. Applicant lacks a fixed, regular, and adequate nighttime residence;
2. Applicant has a primary nighttime residence that is a place not ordinarily used as a regular sleeping accommodation for human beings; or
3. Applicant is living in a homeless shelter.

"I declare and affirm under the penalties of perjury (2 years imprisonment and \$4,000 fine) that this claim (petition, application, information) has been examined by me and, to the best of my knowledge and belief is in all things true and correct. Any false statement or concealment of any material facts subjects any license or identification card issued to immediate cancellation."

Homeless Service Provider Organization

HSP Representative Printed Name

Address

HSP Representative Signature

City, State, Zip Code

Date

NOTARY PUBLIC:

Subscribed and sworn to before me this ____ day of _____, 20____.

(SEAL)

Notary Printed Name

Notary Signature

My Commission Expires

*For the purposes of this affidavit, "homeless services provider" means any government or nonprofit agency that provides a homeless shelter, housing assistance program, or homeless outreach or advocacy program.

July 1, 2024