1. **YES** NO  Do you wish to register to vote? If yes, answer #1. Answer #2 and/or #3 if they apply to you.
   If you are currently registered to vote, do you want to update your registration? If yes, answer #1. Answer #2 and/or #3 if they apply to you.

1. Choice of party
If you want to change your political party or remain registered with your current political party, you must complete #1. If you leave the choice of party blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

2. If your residential address (listed above) is a post office box, rural box, or general delivery, you must give the location of your residence:

3. I was last registered with the following name and/or address, which will be cancelled:

   3.1. Last: ____________________________________________
   3.2. First: ____________________________________________
   3.3. Middle: ____________________________________________

   City/Town: ____________________________________________
   State: _____________
   Zip Code: _____________
   County: _____________

  ![Image of a form page](image-url)

The deadline for registration is 15 days before any election. If you opted to register to vote or update your registration this information will be forwarded to your county auditor. You will receive a notice of your registration within 15 days. If you do not, contact your county auditor.

I declare, under penalty of perjury (2 years imprisonment and $4,000 fine), that:

- * I am a citizen of the United States of America;
- * I am not currently serving a sentence for a felony conviction; and
- * I authorize cancellation of my previous registration.

**SECTION B: LOST LICENSE/IDENTIFICATION CARD CERTIFICATION**

If you are applying for a duplicate, renewal or transfer of your driver license or identification card, and have lost the last driver license/identification card issued to you, complete this section:

I have lost or destroyed the last driver license or identification card issued to me by the state of _________________ and it is not now in my possession. I fully realize that by making this statement, said license/identification card is null and void and may not be used for operating a motor vehicle or for identification purposes.

I UNDERSTAND that I, as an operator of a motor vehicle in this State, have consented to the withdrawal of my blood or other bodily substance in accordance with SDCL 32-23-10, which requires me to submit to the withdrawal of my blood or other bodily substances subsequent to being arrested for a violation of SDCL 32-23-1. I declare and affirm under the penalties of perjury that this application 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 issued to immediate cancellation. I consent to the release of my driving record information.

I certify that, if required by law, I have already registered with the Selective Service; or if I have not registered I am consenting to registration as required by Federal law. I authorize the Department of Public Safety to forward my personal information required for such registration to the U.S. Selective Service System pursuant to SDCL 32-12-17.12 and SDCL 32-12A-7.1.

I understand that upon issuance of a driver’s license or identification card in the state of South Dakota, any driver’s license or identification card previously issued by another state will be cancelled.

**SIGNATURE:** ____________________________________________

**DATE OF APPLICATION:** ________________

1  [APR 2017]
SECTION C: COMMERCIAL DRIVER LICENSE APPLICANTS ONLY

I am applying for: ___ CLASS A (Combination Vehicle) ___ CLASS B (Heavy Straight Vehicle) ___ CLASS C (Commercial Vehicle under 26,001 lbs. with applicable endorsements)

COMMERCIAL ENDORSEMENTS:

PAASSENCE (P) DOUBLE/TRIPLE TRAILER (T) HAZARDOUS MATERIALS (H) SEASONAL CDL (W)

SCHOOL BUS (S) TANK VEHICLES (N) COMBINATION TANK-HAZARDOUS MATERIALS(X) MOTORCYCLE (3)

1. YES __ NO __ I will be operating a vehicle equipped with air brakes.
2. Check one of the following: (Ni) ___ I drive interstate and am subject to 49 CFR PART 391 (present valid DOT medical card).
   (Ed) ___ I drive interstate and am excepted from 49 CFR PART 391.
   (Ea) ___ I drive intrastate only and am not subject to 49 CFR Part 391.
   (Na) ___ I drive intrastate and am subject to 49 CFR Part 391 in accordance with SDCL 32-12A-24 (school bus endorsed)

3. YES ___ NO ___ SCHOOL BUS APPLICANTS: Have you been convicted of DUI within the past three years, or have you ever been convicted of any offense involving moral turpitude?
4. YES ___ NO ___ Have you held a license in any other state, province, or country over the last 10 years? If YES, list where ____________

EXAMINER USE ONLY

Commercial Learners Permit Restrictions: P X Commercial Driver License Restrictions: E K L M N O V W Z

Driver License Restrictions: A B C F G I R Y

3RD PARTY CDL ___ COMPLETION DATE ____________

DRIVERS ED ___ COMPLETION DATE ____________

MC SAFETY ___ COMPLETION DATE ____________

COMPUTER CHECKS: CDLIS ___ PDPS ___

SAVE ___ SSN ___

CDLIS 2ND VERIFICATION CHECKS:

CLP EX DATE: ____________

TEST REQUIRED: VISION ___ KNOWLEDGE ___ SKILL ___

KNOWLEDGE TEST ___

SKILLS TEST ___

FEE COLLECTED ___ O ___ C ___ T ___ EXAMINER ID ___

LICENSE SURRENDERED? ___

STATE ___ CLASS ___

COMPLIANT ___ NON-COMPLIANT ___

Documents Presented


Non-Citizen Perm Res. Card ___ Foreign Passport & I-94 ___ Emp. Auth. Doc. ___ Address docs ___

Social Security SS Card ___ W-2 Form ___ 1099 Form ___ Payroll stub ___

Address ___

Notes: ________________________________

Present Address ___

Parent/Guardian Signature ____________________ Print Name ____________________

Present Address ____________________________ City, State, & Zip Code ___________

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

Signature of Notary Public or South Dakota Driver Examiner ______________________

State of South Dakota _______________________

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