

**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSING PROGRAM
REQUEST FROM RECORD HOLDER FOR A FULL DRIVING RECORD HISTORY**

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 telephone number is () _____
(include area code)

NOTARY INFORMATION

(THIS FORM MUST BE NOTARIZED BY A PUBLIC NOTARY OR SIGNED IN FRONT OF A SOUTH DAKOTA DRIVER'S
LICENSE EXAMINER).

Subscribed and sworn before me this _____, day of _____,
My Commission expires / /

(Seal) _____
(Notary Public Signature)

(Applicant Signature) (Date)

SEND FORM ALONG WITH A \$5.00 FEE TO:
DRIVER LICENSING
118 W CAPITOL AVE
PIERRE SD 57501-2036

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 the following South Dakota Exam Stations:
Aberdeen Brookings Rapid City Watertown Mitchell Yankton Sioux Falls

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.