

# SOUTH DAKOTA DRIVER LICENSE / I.D. CARD APPLICATION

(Print in Black Ink)

SD DRIVER LICENSE/ID NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER       -            

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX Month Day Year

RESIDENTIAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Apt #

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(If different than above)

HEIGHT \_\_\_\_ FT. \_\_\_\_ IN. WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ COUNTY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DAYTIME PHONE NUMBER \_\_\_\_\_

I AM APPLYING FOR:  DRIVER LICENSE       INSTRUCTION PERMIT       IDENTIFICATION CARD

**DRIVER LICENSE CLASS:**

Car/Light Truck/Moped:     
  Car/Light Truck/Moped/Motorcycle:     
  Motorcycle Only:     
  Commercial Driver License:  
 Class 1       Class 2       Class 3       CDL (Complete Sections A, B & C)

## SECTION A: ALL APPLICANTS

1.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a Living Will and want it to be indicated on your license?
2.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have Durable Power of Attorney for Health and want it to be indicated on your license?
3.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently behind in child support payments of \$1,000 or more?
4.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you currently have a license to drive in another state/country? If YES, in what state /country? _____ LICENSE # _____
5.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you currently have an Identification Card issued in any other state/country? If YES, in what state/country _____ ID # _____
6.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you currently, or have you ever had your right to drive suspended, revoked, canceled, disqualified, or denied? If YES, When? _____ Which State? _____ Reason? _____
7.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you lost your current driver license or identification card and are applying for a duplicate card? If YES, which state was your lost card issued from? _____ I also certify that I have lost or destroyed the last issued driver license or identification card issued to me and it is no longer in my possession. I understand that the prior card is now null and void and may not be used to operate a motor vehicle or to be used for identification purposes.
8.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you, in the past twelve months, experienced any epileptic or narcoleptic episodes or other convulsions, seizures, or blackouts? If YES, the date of the last episode _____
9.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently on active duty, or the dependent of a person on active duty, in the U.S. Armed Forces? (Must show ID)
10.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been known by any other name, including maiden name? If YES, what name(s)? _____
11.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a United States citizen? (If no, you must show documents proving lawful status.)
12.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Would you like veteran indicated on your license? <b>Must prove honorable discharge by providing military DD Form 214, DD Form 2 (retired), DD Form 2A (reserve retired), National Guard Form NGB22, Uniformed Services ID (Retired) or certificate signed by veteran's service officer.</b>
<input type="checkbox"/> In the event of my death, I would like to be an organ/tissue donor.			
<input type="checkbox"/> To remove an existing donor indicator on your card, write "remove" here _____ and initial here _____.			

## SECTION B: VOTER REGISTRATION

Your information will be used to update your voter registration or register you to vote.

Do not use my information for voter registration purposes. (Your decision not to register to vote is confidential. If you register, the place where you register is confidential.)

Choice of party \_\_\_\_\_ If you are currently registered to vote in South Dakota and you leave Choice of party field blank you will remain registered with your current party affiliation. If you are not currently registered to vote in South Dakota and you leave the choice of party blank, you will be entered as a no party affiliation voter.

Last registration location: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

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

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>* I am a citizen of the United States of America;</li> <li>* I have maintained residence in South Dakota for at least 30 days prior to submitting the registration form;</li> <li>* I will be 18 on or before the next election;</li> </ul> | <ul style="list-style-type: none"> <li>* I have not been judged mentally incompetent;</li> <li>* I am not currently serving a sentence for a felony conviction; and;</li> <li>* I authorize cancellation of my previous registration.</li> </ul> |
|--|--|

**Description of address:** If the address you provided above is a post office box, rural box, or general delivery, please provide a physical location of your address, such as 2 miles south, 1 mile west of a community landmark. \_\_\_\_\_

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:** \_\_\_\_\_  
Your signature here applies to the entire application

### SECTION C: COMMERCIAL DRIVER LICENSE APPLICANTS ONLY

<b>I am applying for:</b> <input type="checkbox"/> Commercial Learners Permit (CLP) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	<b>Commercial Endorsements:</b> <input type="checkbox"/> Passenger (P) <input type="checkbox"/> Tank Vehicles (N) <input type="checkbox"/> School Bus (S) <input type="checkbox"/> Combination Tank/Hazardous (X) <input type="checkbox"/> Double/Triple Trailer (T) <input type="checkbox"/> Seasonal CDL (W Restriction) <input type="checkbox"/> Hazardous Materials (H) <input type="checkbox"/> 90 Days <input type="checkbox"/> <input type="checkbox"/> 180 Days
<input type="checkbox"/> Class A (Combination Vehicle) <input type="checkbox"/> Class B (Heavy Straight Vehicle) <input type="checkbox"/> Class C (Single Vehicles – under 26,001 lbs. with applicable endorsements) <input type="checkbox"/> Motorcycle (3)	
<b>You must check ONE of the following:</b> <input type="checkbox"/> (NI) I drive interstate and am subject to medical card requirements (49 CFR PART 391) (Valid DOT Medical Certificate required). <input type="checkbox"/> (EI) I drive interstate and am exempt from medical card requirements (49 CFR PART 391). <input type="checkbox"/> (EA) I drive intrastate only and am not subject to medical card requirements (49 CFR PART 391). <input type="checkbox"/> (NA) I drive intrastate and am subject to medical card requirements (49 CFR PART 391) in accordance with SDCL 32-12A-24 (Intrastate Only and valid DOT Medical Certificate required).	
<input type="checkbox"/> YES <input type="checkbox"/> NO    I will be operating a vehicle equipped with air brakes. <input type="checkbox"/> YES <input type="checkbox"/> NO    Have you held a license in any other state, province, or country over the last 10 years? If YES, list where _____. <input type="checkbox"/> YES <input type="checkbox"/> NO <b>SCHOOL BUS APPLICANTS ONLY:</b> Have you been convicted of a DUI within the past 3 years or have you ever been convicted of any offense involving moral turpitude?	
<b>CDL Downgrade:</b> <input type="checkbox"/> <b>I am choosing to drop my CDL or CDL endorsements.</b> I understand that if I want to regain my CDL or CDL endorsement(s) both knowledge and skills testing will be required if it has been over one year from this application date. If I reapply within one year of the date of this application only knowledge testing will be required, and if I apply within 30 days of this application no testing will be required. Please note: Hazardous Materials endorsement testing is required for renewals, transfers, and the applicant choice to remove from a license. Initials: _____ CDL Class: _____ CDL Endorsement(s): _____	

### SECTION D: APPLICANTS UNDER 18 YEARS OF AGE

**PARENTAL/GUARDIAN CONSENT MUST BE COMPLETED AND SIGNED BEFORE A NOTARY PUBLIC OR SOUTH DAKOTA DRIVER EXAMINER**  
I certify that I am the Parent/Guardian and I hereby grant permission for her/him:  
**(Check all that apply)**

Apply for a South Dakota driver license, instruction permit, or non-driver identification card under the requirements of South Dakota law;  
 Have the organ/tissue donor indicator placed on the driver license, permit, or non-driver identification card.

**Upgrade from Instruction Permit to Restricted Minors Permit:**  
 I certify the minor applicant has completed the requirements of the instruction permit. This driver has completed 50 hours of adult supervised driving since the issuance of the Learner's permit. The 50 hours of driving have included 10 hours in inclement weather, and 10 hours have been after dark.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
\*Please include city, state, and 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

My Commission Expires: \_\_\_\_\_

### EXAMINER USE ONLY

<b>Purpose for Application:</b> <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> DUPLICATE <input type="checkbox"/> TRANSFER <input type="checkbox"/> DATA CHANGE			
<b>Fee Collected:</b> \$_____ <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit		<b>Driver License Restrictions:</b> A   B   C   F   G   I   R   Y	
<b>Visual Acuity:</b> Left Eye    Both Eyes    Right Eye 20/           20/           20/ Wearing Corrective Lens? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Commercial Driver License Restrictions:</b> E   K   L   M   N   O   V   W   Z	
<b>Computer Checks:</b> <input type="checkbox"/> SAVE/VLS <input type="checkbox"/> E-Agent		<b>Commercial Learners Permit Restrictions:</b> M   N   P   X	
DL / ID Surrendered? <input type="checkbox"/> Yes <input type="checkbox"/> No Federally Compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No State _____    Class _____		<b>Testing – Non-Commercial:</b> <b>Knowledge Test</b> Rules of the Road <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Waived Motorcycle <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Waived <b>Skills Test</b> Car / Light Truck <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Waived Motorcycle <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Waived	
<b>Documents Presented:</b>		<b>Commercial Driver License Restrictions:</b> <input type="checkbox"/> CDLIS <input type="checkbox"/> DACH <input type="checkbox"/> 10-Year History CDL 2 <sup>nd</sup> Verification Check: _____ Military Skills Waiver Date: _____ Military Even Exchange Waiver Date: _____	
<b>U.S. Citizen:</b> <input type="checkbox"/> U.S. Birth Certificate <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Certificate of Birth Abroad <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Certificate of Naturalization		<b>Testing – Commercial:</b> <b>Pass=80% / Fail=70%</b> <b>Test</b> General Knowledge (GK) Combination Vehicle (CV) Airbrake (AB) Doubles & Triples (DT) Tank (TK) Hazmat (HZ) Passenger Vehicle (PV) School Bus (SB)	
<b>Social Security:</b> <input type="checkbox"/> Social Security Card <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> Payroll Stub		<b>Other:</b> <input type="checkbox"/> Vision Statement <input type="checkbox"/> Medical Statement	
<b>Non-Citizen:</b> <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Employment Auth. Doc. <input type="checkbox"/> Refugee Travel Doc. <input type="checkbox"/> Foreign Passport <input type="checkbox"/> I-94 <input type="checkbox"/> I-20 <input type="checkbox"/> DS-2019 <input type="checkbox"/> I-797 <input type="checkbox"/> Temporary I-551 Visa		<b>Name Change:</b> <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Court Name Change <b>Address:</b> <input type="checkbox"/> Address Doc(s) <input type="checkbox"/> Address Consent <input type="checkbox"/> Residency Affidavit <input type="checkbox"/> Overnight Stay <input type="checkbox"/> Homeless Doc(s)	
<b>Veteran:</b> <input type="checkbox"/> DD214 <input type="checkbox"/> DD Form 2 (Retired) <input type="checkbox"/> DD Form 2A (Reserve Retired)		Notes:    Examiner ID: _____	
<b>SAVE/VLS Case #:</b> _____			