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 ☐	NO ☐	Do you have a Living Will and want it to be indicated on your license?
2. YES ☐	NO ☐	Do you have Durable Power of Attorney for Health and want it to be indicated on your license?
3. YES ☐	NO ☐	Are you currently behind in child support payments of $1,000 or more?
4. YES ☐	NO ☐	Do you currently have a license to drive in another state/country? If YES, in what state /country? _____ LICENSE # _____
5. YES ☐	NO ☐	Do you currently have an Identification Card issued in any other state/country? If YES, in what state/country _____ID # _____
6. YES ☐	NO ☐	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 ☐	NO ☐	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 ☐	NO ☐	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 ☐	NO ☐	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 ☐	NO ☐	Have you ever been known by any other name, **including** maiden name? If YES, what name(s)? _____
11. YES ☐	NO ☐	Are you a United States citizen? (If no, you must show documents proving lawful status.)
12. YES ☐	NO ☐	Would you like veteran indicated on your license? **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.**

☐ **In the event of my death, I would like to be an organ/tissue donor.**

☐ **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:

* I am a citizen of the United States of America;
* I will be 18 on or before the next election;
* I authorize the cancellation of my previous registration;
* I have not been judged mentally incompetent;
* I am not serving a sentence for a felony conviction:
* I have maintained an actual fixed permanent dwelling, establishment, or any other abode where I live and usually sleep for at least thirty consecutive days.

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

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SECTION C: COMMERCIAL DRIVER LICENSE APPLICANTS ONLY

I am applying for:

☐ Commercial Learners Permit (CLP)
☐ Class A ☐ Class B ☐ Class C

☐ Class A (Combination Vehicle)
☐ Class B (Heavy Straight Vehicle)
☐ Class C (Single Vehicles – under 26,001 lbs. with applicable endorsements)
☐ Motorcycle (3)

Commercial Endorsements:

☐ Passenger (P)
☐ School Bus (S)
☐ Double/Triple Trailer (T)
☐ Hazardous Materials (H)
☐ Tank Vehicles (N)
☐ Combination Tank/Hazardous (X)
☐ Seasonal CDL (W Restriction)
☐ 90 Days
☐ 180 Days

You must check ONE of the following:

☐ (NI) I drive interstate and am subject to medical card requirements (49 CFR PART 391) (Valid DOT Medical Certificate required).
☐ (EI) I drive interstate and am exempt from medical card requirements (49 CFR PART 391).
☐ (EA) I drive intrastate only and am not subject to medical card requirements (49 CFR PART 391).
☐ (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).

☐ YES ☐ NO I will be operating a vehicle equipped with air brakes.
☐ YES ☐ NO Have you held a license in any other state, province, or country over the last 10 years? If YES, list where _____.
☐ YES ☐ NO **SCHOOL BUS APPLICANTS ONLY:** Have you been convicted of a DUI within the past 3 years or have you ever been convicted of any offense involving moral turpitude?

CDL Downgrade:

☐ **I am choosing to drop my CDL or CDL endorsements**. 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

Purpose for Application: ☐ NEW ☐ RENEW ☐ DUPLICATE ☐ TRANSFER ☐ DATA CHANGE

Fee Collected:
$_____ ☐ Check ☐ Cash ☐ Credit

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

Commercial Driver License Restrictions:
E K L M N O V W Z

Visual Acuity:

Left Eye	Both Eyes	Right Eye
20/	20/	20/

Wearing Corrective Lens? ☐ Yes ☐ No

Testing – Non-Commercial:

Knowledge Test	Results
Rules of the Road	☐ Pass ☐ Fail ☐ Waived
Motorcycle	☐ Pass ☐ Fail ☐ Waived
DE Date:	MC Date:
Skills Test	**Results**
Car / Light Truck	☐ Pass ☐ Fail ☐ Waived
Motorcycle	☐ Pass ☐ Fail ☐ Waived
DE Date:	MC Date:

Commercial Learners Permit Restrictions:
M N P X

3rd Party CDL: _____ Date: _____
ELDT Hazmat Date: _____

Computer Checks:
☐ SAVE/VLS ☐ E-Agent

☐ CDLIS ☐ DACH ☐ 10-Year History
CDL 2nd Verification Check: _____

DL / ID Surrendered? ☐ Yes ☐ No
Federally Compliant? ☐ Yes ☐ No
State _____ Class _____

Military Skills Waiver Date: _____
Military Even Exchange Waiver Date: _____

Documents Presented:

U.S. Citizen:
☐ U.S. Birth Certificate
☐ U.S. Passport
☐ Certificate of Birth Abroad
☐ Certificate of Citizenship
☐ Certificate of Naturalization

Non-Citizen:
☐ Permanent Resident Card
☐ Employment Auth. Doc.
☐ Refugee Travel Doc.
☐ Foreign Passport
☐ I-94
☐ I-20
☐ DS-2019
☐ I-797
☐ Temporary I-551 Visa

Social Security:
☐ Social Security Card
☐ W-2
☐ 1099
☐ Payroll Stub

Name Change:
☐ Marriage Certificate
☐ Divorce Decree
☐ Court Name Change

Address:
☐ Address Doc(s)
☐ Address Consent
☐ Residency Affidavit
☐ Overnight Stay
☐ Homeless Doc(s)

Veteran:
☐ DD214
☐ DD Form 2 (Retired)
☐ DD Form 2A (Reserve Retired)
☐ NGB22
☐ Uniformed Services ID
☐ Certificate Signed by VSO

Other:
☐ Vision Statement
☐ Medical Statement

Testing – Commercial:

Test	Pass=80% / Fail=70%
General Knowledge (GK)	
Combination Vehicle (CV)	
Airbrake (AB)	
Doubles & Triples (DT)	
Tank (TK)	
Hazmat (HZ)	
Passenger Vehicle (PV)	
School Bus (SB)	

Notes:

SAVE/VLS Case #:

Examiner ID:

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