

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: Class 1 **Car/Light Truck/Moped/Motorcycle:** Class 2 **Motorcycle Only:** Class 3 **Commercial Driver License:** 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? 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.
<input type="checkbox"/> Register me as an organ, eye, and tissue donor under the Uniform Anatomical Gift Act ♥.			
<input type="checkbox"/> To remove an existing donor registration, write "remove" 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 have not been judged mentally incompetent;
- * I will be 18 on or before the next election;
- * I am not serving a sentence for a felony conviction;
- * I authorize the cancellation of my previous registration
- * I have maintained a fixed permanent residence in South Dakota for 30 consecutive days.

Description of address in South Dakota: If the address you provided above is a post office box, private mailbox (PMB), 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*. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN YOU BEING REGISTERED AS A FEDERAL VOTER ONLY: _____

VOTER REGISTRATION SIGNATURE: _____

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 driver license portion of the application

SECTION C: COMMERCIAL DRIVER LICENSE APPLICANTS ONLY

<p>I am applying for:</p> <input type="checkbox"/> Commercial Learners Permit (CLP) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	<p>Commercial Endorsements:</p> <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)	

You must check ONE of the following:

 (NI) I drive interstate (I or my cargo cross state lines), and I need a Medical Certificate to drive a commercial vehicle. Medical Examiners must electronically submit my Medical Certificate to the state any time to get a new certificate to maintain a valid CDL license.
 (EI) I drive interstate (I or my cargo cross state lines), and I do not need a Medical Certificate to drive a commercial vehicle because I am exempted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3. (Information available upon request).
 (NA) I drive intrastate (I or my cargo does not cross state lines) and I need a Medical Certificate to drive a commercial vehicle because I am subject only to 32-12A-24 (school bus driver) AND/OR I am under the age of 21.

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____

My Commission Expires: _____

 Signature of Notary Public or South Dakota Driver Examiner
 State of South Dakota

EXAMINER USE ONLY

Purpose for Application: <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> DUPLICATE <input type="checkbox"/> TRANSFER <input type="checkbox"/> DATA CHANGE			
Fee Collected: \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Testing – Non-Commercial:		Commercial Learners Permit Restrictions: M N P X
	Knowledge Test	Results	3 rd Party CDL: _____ Date: _____
	Rules of the Road	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Waived	ELDT Hazmat Date: _____
	Motorcycle	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Waived	
Computer Checks: <input type="checkbox"/> SAVE/VLS <input type="checkbox"/> E-Agent	DE Date: _____	MC Date: _____	<input type="checkbox"/> CDLIS <input type="checkbox"/> DACH <input type="checkbox"/> 10-Year History
	Skills Test	Results	CDL 2 nd Verification Check: _____
DL / ID Surrendered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Car / Light Truck	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Waived	Military Skills Waiver Date: _____
Federally Compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Motorcycle	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Waived	Military Even Exchange Waiver Date: _____
State _____ Class _____	DE Date: _____	MC Date: _____	Testing – Commercial: Pass=80% / Fail=70%
Documents Presented:	U.S. Citizen:	Social Security:	Veteran:
	<input type="checkbox"/> U.S. Birth Certificate	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> DD214
	<input type="checkbox"/> U.S. Passport	<input type="checkbox"/> W-2	<input type="checkbox"/> DD Form 2 (Retired)
	<input type="checkbox"/> Certificate of Birth Abroad	<input type="checkbox"/> 1099	<input type="checkbox"/> DD Form 2A (Reserve Retired)
	<input type="checkbox"/> Certificate of Citizenship	<input type="checkbox"/> Payroll Stub	<input type="checkbox"/> NGB22
	<input type="checkbox"/> Certificate of Naturalization	Name Change:	<input type="checkbox"/> Uniformed Services ID
	<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Certificate Signed by VSO	
Non-Citizen:	<input type="checkbox"/> Permanent Resident Card	<input type="checkbox"/> Divorce Decree	Other:
	<input type="checkbox"/> Employment Auth. Doc.	<input type="checkbox"/> Court Name Change	<input type="checkbox"/> Vision Statement
	<input type="checkbox"/> Refugee Travel Doc.	Address:	<input type="checkbox"/> Medical Statement
	<input type="checkbox"/> Foreign Passport	<input type="checkbox"/> Address Doc(s)	
	<input type="checkbox"/> I-94	<input type="checkbox"/> Address Consent	
	<input type="checkbox"/> I-20	<input type="checkbox"/> Residency Affidavit	
	<input type="checkbox"/> DS-2019	<input type="checkbox"/> Overnight Stay	
	<input type="checkbox"/> I-797	<input type="checkbox"/> Homeless Doc(s)	
<input type="checkbox"/> Temporary I-551 Visa	SAVE/VLS Case #:		Notes:
			Examiner ID: _____