

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 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 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 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

