

SOUTH DAKOTA DRIVER LICENSE / I.D. CARD APPLICATION

(Print in Black Ink)

DRIVER LICENSE 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 _____ DAYTIME PHONE NUMBER _____

EMAIL ADDRESS _____

I AM APPLYING FOR: ____ DRIVER LICENSE ____ INSTRUCTION PERMIT ____ NON-DRIVER ID CARD

CLASS: ____ Class 1: (Car/Light Truck/Moped) ____ Class 2: (Car/Light Truck/Moped/Motorcycle) ____ Class 3: (Motorcycle Only)

COMMERCIAL DRIVER LICENSE APPLICANTS ONLY:

I am applying for: ____ CLASS A (Combination Vehicle) ____ CLASS B: (Heavy Straight Vehicle) ____ CLASS C (Commercial Vehicle under 26,001 lbs. with applicable endorsements)

COMMERCIAL ENDORSEMENTS: ____ PASSENGER (P) ____ DOUBLE/TRIPLE TRAILER (T) ____ HAZARDOUS MATERIALS (H) ____ SEASONAL CDL (W)
____ 90 day or ____ 180 day

____ SCHOOL BUS (S) ____ TANK VEHICLES (N) ____ COMBINATION TANK/HAZARDOUS MATERIALS(X) ____ MOTORCYCLE (3)

1. YES ____ NO ____ I will be operating a vehicle equipped with air brakes.
2. Check one of the following: (NI) ____ I drive interstate and am subject to 49 CFR PART 391 (**present valid DOT medical card**).
(EI) ____ I drive interstate and am excepted from 49 CFR PART 391.
(EA) ____ I drive intrastate only and am not subject to 49 CFR Part 391.
(NA) ____ I drive intrastate and am subject to 49 CFR Part 391 in accordance with SDCL 32-12A-24 (schoolbus endorsed) (**present valid DOT medical card**)
3. YES ____ NO ____ **SCHOOL BUS APPLICANTS:** Have you been convicted of DUI within the past three years, or have you ever been convicted of any offense involving moral turpitude?

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 ____ Are you currently licensed to drive?
If YES, in what state or country? _____ LICENSE # _____
5. YES ____ NO ____ Do you currently have an Identification Card issued in any other state?
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, 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. _____
8. 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)
9. YES ____ NO ____ Have you ever been known by any other name, including maiden name? If YES, what name(s) _____
10. YES ____ NO ____ Are you a United States citizen? (If no, you must show documents proving lawful status.)
11. YES ____ NO ____ Are you an honorably discharged U.S. Veteran and want it to be indicated on your license or ID? (Must show DD214)
12. YES ____ NO ____ Have you held a license in any other state, province, or country over the last 10 years? If YES, list where. _____

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 _____.

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 (2 years imprisonment and \$4,000 fine) 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 or ID 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.

VOTER REGISTRATION

YES ____ NO ____ **Do you want to register to vote or change your name, address or party affiliation?** Information provided on this voter registration application will be forwarded to your county auditor.

If residence address is a post office box, rural box, or general delivery, you must give the location of your residence: _____

Choice of Party _____.

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 actually live at and have no present intention of leaving the above address;
- * I will be 18 on or before the next election;
- * I have not been judged mentally incompetent;
- * I am not currently serving a sentence for a felony conviction; and
- * I authorize cancellation of my previous registration, if applicable.

I wish to be registered as shown above. I was **last** registered with the following name and address which will be cancelled:

Last First Middle Suffix

Previous Address City/Town State Zip

County

The deadline for registration is 15 days before any election.
Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor.

Auditor use only: Agency Code A - Driver Licensing

SIGNATURE: _____ **DATE OF APPLICATION** _____
Your signature here applies to the entire application

PARENTAL CONSENT MUST BE FILLED OUT AND SIGNED BEFORE A NOTARY PUBLIC OR DRIVER EXAMINER

I certify that I am a Parent/Guardian of (print name) _____ and I hereby grant permission for her/him to:
(Check all that apply)

- Apply for a South Dakota driver license or permit under the requirements of South Dakota law;
- Apply for a South Dakota 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.

Parent/Guardian Signature _____ Print Name _____

Present address _____ City, State, Zip Code _____

Subscribed and sworn to before me on this ___ day of _____, 20__

Notary Public or Driver Examiner
State of South Dakota

My Commission Expires

LOST LICENSE/IDENTIFICATION CARD CERTIFICATION

If you are applying for a duplicate, renewal or transfer of your driver license or identification card, and have lost the last driver license/identification card issued to you, complete this section:

I have lost or destroyed the last driver license or identification card issued to me by the state of _____ and it is not now in my possession. I fully realize that by making this statement, said license/identification card is null and void and may not be used for operating a motor vehicle or for identification purposes.

Signature _____

EXAMINER USE ONLY

RESTRICTIONS (circle) O F G V X R M E Z B J K W Q

VISUAL ACUITY

LEFT EYE BOTH EYES RIGHT EYE
20/ 20/ 20/

___ **W/O CORR LENS** ___ **WITH CORR LENS**

NEW ___ RENEWAL ___ DUP ___

TRANSFER ___ DATA CHANGE ___

GK ___
CV ___
AB ___
DT ___
TK ___
HZ ___
PV ___
SB ___

3RD PARTY CDL ___ COMPLETION DATE _____
DRIVERS ED ___ COMPLETION DATE _____
MC SAFETY ___ COMPLETION DATE _____
COMPUTER CHECKS: CDLIS ___ PDPS ___
 SAVE ___ SSN ___
TEST REQUIRED: VISION ___ KNOWLEDGE ___ SKILL ___
KNOWLEDGE TEST _____
SKILLS TEST _____
FEE COLLECTED _____ Q ___ C ___ EXAMINER ID _____
LICENSE SURRENDERED? _____
STATE _____ CLASS _____
COMPLIANT _____ NON-COMPLIANT _____

Documents Presented

U.S. Citizen

___ Compliant DL/ID
___ U.S. Birth Certificate
___ U.S. Marriage Certificate
___ U.S. Passport
___ Certificate of Birth Abroad
___ Citizen/Natural. Cert.

Non-Citizen

___ Perm Res. Card
___ Foreign Passport & I-94
___ Emp. Auth. Doc.

Address

___ Address docs

Social Security

___ SS Card
___ W-2 Form
___ 1099 Form
___ Payroll stub

Notes: _____

