

SOUTH DAKOTA DRIVER LICENSE / I.D. CARD APPLICATION

(Print in Black Ink)

DRIVER LICENSE NUMBER _____ SOCIAL SECURITY NUMBER _____

NAME _____ DATE OF BIRTH ____/____/____ Sex _____
Circle One: Jr. Sr II III IV
LAST FIRST MIDDLE 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:
____ I drive interstate and am subject to 49 CFR PART 391 (**present valid DOT medical card**).
____ I drive interstate and am excepted from 49 CFR PART 391.
____ I drive intrastate only and am not subject to 49 CFR Part 391.
____ I drive intrastate and am subject to 49 CFR Part 291 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?

In the event of my death, I would like to be an organ/tissue donor. (If checked, complete Organ Donation Certification on back of application)

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 in the U.S. Armed Forces? (Must show ID)
9. YES ____ NO ____ Are you a dependent of a person currently on active duty in the U.S. Armed Forces? (Must show ID)
10. YES ____ NO ____ Have you ever been known by any other 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. List all states, provinces or countries in which you have held a license over the last 10 years _____

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.

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: _____

Please register me as a member of the _____ Party.

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

- * I am a citizen of the United States;
- * 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 which included imprisonment, served or suspended, in an adult penitentiary system.
- * I authorize cancellation of my previous registration as written below.

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 Circle One:
Jr. Sr II III IV
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.

SIGNATURE: _____ DATE OF APPLICATION _____

ORGAN DONATION CERTIFICATION

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

I acknowledge that I have reviewed the following statements regarding donation.

Signature Date

Organ, tissue, and eye transplantation are successful, routine procedures that save or improve the lives of thousands of people each year. Unfortunately, there are many more people waiting for transplants than there are organs and tissues available. The cure to this crisis is an increased commitment to donation. One organ and tissue donor can save or improve the lives of up to 60 people.

Organs and tissues that can be donated include heart, lungs, liver, kidneys, pancreas, intestines, corneas, skin, heart valves, bone, and connective tissue.

Once a donor is identified, donation coordinators obtain a medical/social history from the next-of-kin and conduct thorough tests to determine medical suitability of the organs. Additional tissue testing is conducted in order to place the organs with the most appropriate match.

Recovery of organs and tissue is a surgical procedure. Donors are treated with great care and dignity. The donation process does not preclude an open casket funeral.

All costs related to donation are recovered by the procurement organization which passes those costs along to the transplanting facility. No charges related to the donation are incurred by the donor or the donor's family.

For more information about donation, please call 1-888-5-DONATE.

In South Dakota when you indicate on your license or identification card that you wish to give the precious gift of life by being an organ and tissue donor, you are relieving your loved ones of the burden of making that decision for you at the time of your death.

If at some future time, you decide to amend or revoke your gift of life, you may do so by removing the organ donor designation from your driver license or non-driver identification card. For more information regarding amending or revoking your gift of donation, please refer to South Dakota Codified Law Chapter 34-26.

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 him/her 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 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

VISUAL ACUITY DOT Card Exp _____

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 ___

OOS LICENSE SURRENDERED? _____ LICENSE CLASS _____

3RD PARTY CDL ___ COMPLETION DATE _____

DRIVERS ED ___ COMPLETION DATE _____

MC SAFETY ___ COMPLETION DATE _____

COMPUTER CHECKS: CDLIS ___ PDPS ___

TEST REQUIRED: VISION ___ WRITTEN ___ SKILL ___

WRITTEN TEST ___ ___ ___

SKILLS TEST ___ ___ ___

FEE COLLECTED ___ Q ___ C ___ EXAMINER ID _____

Documents Verified: _____

Notes: _____

