

**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSING PROGRAM
REQUEST FROM RECORD HOLDER FOR 3 YEAR DRIVING RECORD HISTORY**

I hereby certify that my name is _____
(First Name) (Middle Initial) (Last Name)

I further certify that my date of birth is ____ - ____ - ____ and my driver license # is _____,
(month/day/year)

my present address is _____
(Street and/apt unit) (City) (State) (Zip Code)

my telephone number is () _____.
(include area code)

NOTARY INFORMATION

**(THIS FORM MUST BE NOTARIZED BY A PUBLIC NOTARY OR SIGNED IN FRONT OF A SOUTH DAKOTA DRIVER
LICENSE EXAMINER).**

Subscribed and sworn before me this _____, day of _____,
My Commission expires / /

(Seal)

(Notary Public Signature)

(Applicant Signature)

(Date)

SEND FORM ALONG WITH A \$5.00 FEE TO:

DRIVER LICENSING
118 W CAPITOL AVE
PIERRE SD 57501-2036

Fax to: 605-773-3018 (Please call to make payment via phone)
Email to: dpsmvrs@state.sd.us (Please call to make payment via phone)

The record will be mailed to the address you provided above. If you would like to receive the record via email or fax,
please provide that information:

Email Address or Fax Number

You may also take this form and fee to the following South Dakota Exam Stations:

Aberdeen Brookings Rapid City Watertown Mitchell Yankton Sioux Falls

This section is only required if you are authorizing someone else to obtain your driving record.

I HEREBY AUTHORIZE:

(First Name)

(Middle Initial)

(Last Name)

(Mailing Address)

TO OBTAIN MY ABSTRACT OF DRIVER'S OPERATING RECORD INCLUDING MY PERSONAL INFORMATION ON THE RECORD.