

TO: CLEARANCE LETTER REQUESTERS  
FROM: DRIVER LICENSING DIVISION  
RE: DRIVERS PRIVACY PROTECTION ACT

The enclosed form is required on behalf of the South Dakota Department of Public Safety to ensure compliance with the provisions of the Driver's Privacy Protection Act to allow the release of information on your record. Please complete the enclosed form (the form must also be notarized) and send the completed application to the address below:

Department of Public Safety  
Driver Licensing Program  
118 W Capitol Ave  
Pierre SD 57501

If you have any questions you may contact our office at 1-800-952-3696.

**REQUEST FOR CLEARANCE LETTER**

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 or SS# is \_\_\_\_\_

my present address is \_\_\_\_\_  
(Street and/apt. unit) (City) (State) (Zip Code)

my telephone number is ( ) \_\_\_\_\_.

**NOTARY INFORMATION**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission expires / /

(Seal) (If faxing, notary seal must be visible in fax) \_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**(THIS FORM MUST BE NOTARIZED)  
DO NOT RETURN THIS FORM TO THE EXAM STATION  
MAIL OR FAX FORM TO:**

**DRIVER LICENSING  
118 WEST CAPITOL AVE  
PIERRE SD 57501-2036  
FAX: 1-605-773-3018**

Unless otherwise directed, the clearance letter will be mailed to you at the address provided above. If you wish the clearance letter to be faxed elsewhere, please provide the following:

Fax to: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email to: \_\_\_\_\_