

**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSING
REQUEST BY A COMMERCIAL DRIVER LICENSE HOLDER FOR COMPLETE THREE-
YEAR SOUTH DAKOTA ABSTRACT OF DRIVER'S OPERATING RECORD**

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 OR SIGNED IN FRONT OF A DRIVER LICENSE EXAMINER).

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

(Seal) _____
(Notary Public Signature)

(Applicant Signature)

(Date)

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

I HEREBY AUTHORIZE:

(First Name) (M.I.) (Last Name)

(Address to send record to)

**SEND FORM ALONG WITH \$5.00 FEE,
DRIVER LICENSING
118 WEST CAPITOL AVE
PIERRE SD 57501-2036**

**INDIVIDUALS MAY ALSO TAKE THE FORM AND FEE
TO THE FOLLOWING EXAM STATIONS:**

Aberdeen	Watertown
Brookings	Mitchell
Rapid City	Yankton
Sioux Falls	

**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 below:**
