I believe that I, as an operator of a motor vehicle in this State, have consented to the withdrawal of my blood or other body substance in accordance with SDCL 32-23-10, which requires me to submit to the withdrawal of my blood or other body 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.

I understand that I, as an operator of a motor vehicle in this State, have consented to the withdrawal of my blood or other body substance in accordance with SDCL 32-23-10, which requires me to submit to the withdrawal of my blood or other body 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.
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 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 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:

☐ 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 __________________________________________________________________________

Present Address ________________________________________________________________________________

Subscribed and sworn to before me on this _______day of ________, 20________

Notary Public or Driver Examiner ____________________________________________________________

State of South Dakota

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 or identification card issued to me by the state of _________________, I certify 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 20/_________ BOTH EYES 20/_________ RIGHT EYE 20/_________

☐ W/0 CORR LEN S ☐ WITH CORR LEN S

NEW ☐ RENEWAL ☐ DUP ☐ TRANSFER ☐ DATA CHANGE ☐

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
☐ Address docs

Social Security
☐ SS Card
☐ W-2 Form
☐ 1099 Form
☐ Payroll stub

Notes: ____________________________________________

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