

**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY, DRIVER LICENSING
REQUEST TO OBTAIN SOUTH DAKOTA ABSTRACT OF DRIVER'S OPERATING RECORD**

Instructions: This application must be completed and approved before an applicant can obtain restricted information. Only applicants who meet the criteria outlined in Section C are eligible to obtain restricted information.

SECTION A. REQUESTER INFORMATION (THIS SECTION MUST BE COMPLETED BY ALL.)

NAME OF INDIVIDUAL PARTNERSHIP OR CORPORATION		OFFICE USE ONLY SECURITY CODE ASSIGNED	
CUSTOMER NAME (FIRM OR TRADE)		TELEPHONE NUMBER ()	
ACCOUNT CONTACT PERSON (IF YOU HAVE AN ACCOUNT WITH THE DRIVERS LICENSE BUREAU)		TELEPHONE NUMBER ()	
STREET ADDRESS (PHYSICAL LOCATION)	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE

SECTION B. REQUEST TO OBTAIN SOUTH DAKOTA ABSTRACT OF DRIVER'S OPERATING RECORD

I am requesting the abstract of operation record(s) concerning the following individual who has requested his or her personal information be kept confidential. (Provide complete information for each abstract you are requesting.)

1. NAME OF RECORD HOLDER FOR RECORD BEING REQUESTED	DRIVER LICENSE NUMBER	DATE OF BIRTH
2.		
3.		
4.		
5.		
6.		

SECTION C. AUTHORIZATION (THIS SECTION MUST BE COMPLETED BY ALL.)

I/We hereby certify that I/we are requesting South Dakota abstract of operating records under the provisions of the Federal Driver's Privacy Protection Act. I/We are authorized to obtain these records and personal information based on the following (please review carefully and check the appropriate entry that allows you authorization to obtain personal information on a restricted record):

- A government agency (federal, state or local) or employed by such, and authorized to request driving records for the purpose of the government agency to carry out its functions.
- A South Dakota Circuit, Associate Circuit or Municipal court, an out-of-state court, or employed by such, and authorized to request driving records for the purpose of the court to carry out its functions.
- A South Dakota or out-of-state law enforcement agency or employed by such, and authorized to request driving records for the purpose of the law enforcement agency to carry out its functions.
- Authorized representative, agent, contractor, or employed by such, of a legitimate business and the driving record being requested will be used for normal course of business; but only to:
 - a) verify accuracy of the personal information.
 - b) obtain correct information but only for purposes of preventing fraud, pursuing legal remedies or collecting a debt.

SECTION C. AUTHORIZATION CONT.

- Authorized under the Federal Driver's Privacy Protection Act to request and obtain the driving record for use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state or local court.
- Authorized representative, agent, contractor, or employed by such, of an *insurer, insurance support organization* or *self-insured entity* and the abstract of driver's operating record being requested will be used only in connection with the following:
 - a) claims investigation activities
 - b) antifraud activities
 - c) rating or underwriting
- Authorized representative or owner of a licensed private investigative agency or licensed security service and the abstract of driver's operating record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection act.
- Authorized as an employer, or its agent or insurer under the Federal Driver's Privacy Protection Act to request and obtain the driving record for use in obtaining or verifying information relating to a holder of a commercial driver's license (CDL).
- Authorized under the law of the state that holds the record to request and obtain the abstract of driver's operating record if the abstract will be used in relationship to the operation of the motor vehicle or public safety.

SECTION D. GENERAL SECURITY REQUIREMENTS

1. Requester shall maintain the security and integrity of the information received. A violation of any provisions of this agreement, whether by omission or commission, shall be grounds for action by the Department and may result in suspension or termination of this agreement.
2. Requester shall ensure compliance with all security requirements of this agreement. If fraud or abuse is suspected or confirmed, the requester shall immediately notify the Department by telephone at (605) 773-6883. A written notification containing all facts therein shall be prepared by the requester within three business days and mailed to the Department at the following address: Department of Public Safety, Driver Licensing, 118 W Capitol Ave., Pierre, SD 57501.
3. Requester shall maintain a current list of names and individuals authorized to access Department records. This list shall be available to the Department upon demand.
4. Each Department approved requester that resells or discloses personal information covered by the Federal Driver's Privacy Protection Act 18 USC §§ 2721-2725, shall keep, for a period of five years, records identifying each person, or entity that receives such information and the permitted purpose for which the information will be used. These records shall be available to the Department upon request.
5. Each Department approved requester shall ensure that the receiver of the requested records is an approved individual/entity.
6. Requesters shall not sell, retain, distribute, provide, or transfer any record information or portion of the record information acquired under this agreement except as authorized by the Department and the Federal Driver's Privacy Protection Act 18 USC §§ 2721-2725.

SECTION E. STATEMENT OF UNDERSTANDING, CERTIFICATION SIGNATURE(S)

Instructions: Please read the statement of understanding and sign A, B, or C below.

I understand that false or misleading answers are cause for denial of an application. I authorize the Director of Driver Licensing, or the Director's designee, to investigate any matter or statement contained in this application.

I understand that if this application is approved, I will be required to confirm to the statements presented within this application. This application specifies the terms and conditions of our relationship. Any deviations will be considered by the Department as misuse, and may result in refusal of subsequent applications.

I Certify under the penalty of perjury under the laws of South Dakota, that all information completed in Sections A, B and C are true and correct and that I have read and understand the aforementioned statements, and agree to comply with the requirements contained therein. Willful, unauthorized disclosure of information from any Department record for a purpose other than the one stated in the request or the sale or other distribution of the information to a person or organization not disclosed in the request may result in penalties imposed under Title 18 U.S.C. Section 2724. If approved to receive personal information, that measures have been instituted to ensure that the request for personal information from the files of the Department is used pursuant to the identified federal or state statutes, regulations, and rules of the court.

A. Individual: I certify under the penalty of perjury that all answers and information contained within this application are true and correct.

SIGNATURE

X

B. Partnership: We certify under the penalty of perjury that we are co-partners as shown on this application, and that no other person is associated in the ownership of the business, and that all answers and information contained within this application are true and correct.

SIGNATURE

X

SIGNATURE

X

C: Corporation: I Certify under the penalty of perjury that I am a corporate officer authorized to sign for the corporation identification number and that all answers and information contained within this application are true and correct.

SIGNATURE

X

TITLE

NOTARY INFORMATION

Subscribed and sworn before me this _____, day of _____, 20____.
My commission expires / /

(Seal)

(Notary Public Signature)