

VERIFICATION OF VETERAN STATUS

FOR VETERAN INDICATOR ON DRIVERS LICENSE

SD Department of Veterans Affairs 425 E. Capitol Pierre, SD 57501 Phone: 605.773.3269

Fax: 605.773.5380

Veteran's Name:			
Address:	City:	State	Zip:
Phone No.:	Email:		
documents authenticity an named individual qualifie	ary discharge papers for this Vet ad freedom from alteration. To the s as a Veteran under SDCL 33A s Name:	he best of my knowl -2-1.	ledge, the above
Address:	City:	State:	Zip
Phone No.:	Email:		
SDDVA/CTVSO Signatu	ire:		
County/Tribe:	Date:		

This form must be signed by a South Dakota state, county, or tribal Veterans Service Officer prior to being accepted by the South Dakota Department of Public Safety for the purpose of providing a "Veteran Indicator" on a South Dakota driver's license or identification card.

*South Dakota Codified Law 32-12-17.15. Veteran Indicator on License.

Upon request and with adequate documentation, the Director shall place an indicator on the face of an operator's license of a veteran. The veteran may make the request through the Department of Veterans Affairs.

*Contact Veterans Service Officers at: http://vetaffairs.sd.gov