



# DEPARTMENT OF PUBLIC SAFETY

## Office of Emergency Management

### CREDENTIAL IDENTIFICATION CARD - DRIVER'S LICENSE PHOTO AUTHORIZATION

Please complete this form in its entirety. This information will be used to produce your SD Credential Identification (ID) card by utilizing your SD Driver's License Photo. By signing this form you are giving your express consent to release your SD Driver's License photo to SDOEM to utilize for the production of your SD Credential ID Card.

South Dakota Driver License/ID Number: \_\_\_\_\_

Full Name (Please Print): \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Position Title: \_\_\_\_\_

City & County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
( mm / dd / yyyy )

I authorize the use of my South Dakota Driver License photo to produce my SD Credential ID Card. This form gives express consent of the person to whom the information applies.

\_\_\_\_\_  
Signature Date

Signed and completed forms should be emailed to [OEMInfo@state.sd.us](mailto:OEMInfo@state.sd.us) or mailed to: SD Office of Emergency Management (SDOEM)  
Attn: Credentialing Program Coordinator  
221 S. Central Ave.  
Pierre, SD 57501

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**SDOEM APPROVAL—INTERNAL SDOEM USE ONLY. DO NOT WRITE BELOW THIS LINE.**

I authorize the request for a SD Driver's License photo to be obtained for the individual stated above for use in creating the SD Credential ID Card.

\_\_\_\_\_  
SDOEM Supervisor (Please Print)

\_\_\_\_\_  
Supervisor Signature Date