

SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER LICENSING

In re the Work Permit of:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State)

**WORK PERMIT DIRECTIVE**

You are hereby directed, under the authority of SDCL 1-11-17 to 1-11-33, ARDS 61:18:05:02 and ARSD Article 2:06 to participate in the 24/7 Sobriety Program as a condition of receiving a work permit on the same basis as if the offense had been committed in South Dakota, as a result of your drivers license or driving privileges having been suspended for an out-of-state conviction or final administrative decision.

You are hereby directed to enroll in the 24/7 Sobriety Program at \_\_\_\_\_, South Dakota. You shall submit to testing in the form of:

\_\_\_\_\_ Twice-a-day PBT tests, and pay all testing and participation fees and the rates and amounts set by administrative rule. You are directed to begin testing upon enrollment and remain on the 24/7 Sobriety Program during the term of your work permit until \_\_\_\_\_.

\_\_\_\_\_ Electronic alcohol monitor testing (SCRAM) (if available), and pay all testing, participation, installation and deactivation fees at the rates and amounts set by administrative rule. Payment is to be made in advance to the testing entity.

You must comply with all the conditions of participation in the 24/7 Sobriety Program. Should you fail to comply with the conditions of participation in the 24/7 Sobriety Program or should any test indicate the presence of alcohol, your work permit shall be subject to revocation. Your work permit shall be subject to revocation should you miss or fail to pay for any test. You must present proof of enrollment in the 24/7 Sobriety Program to the Driver Licensing Program, 118 West Capitol Avenue, Pierre, SD 57501 prior to receiving your work permit.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
SD Driver Licensing Representative

I, \_\_\_\_\_, having been advised of the conditions of a work permit do hereby agree to abide by all conditions of participation in the 24/7 Sobriety Program. I acknowledge that my work permit will be subject to revocation should I fail to totally abstain from the use of alcohol or fail to comply with the terms of the Program.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Work Permit Recipient