

**Designated Authorized Agent  
for  
South Dakota Application Process:**

- **BEFORE THE APPLICANT SIGNS THIS FORM, THEY MUST READ IT COMPLETELY AND CHECK THE BOXES THEMSELVES.**
- **IF THE BOXES ARE PRE-CHECKED OR LEFT BLANK THEN THIS SECTION OF THE FORM IS VOID.**

You are designating the below individual to perform tasks on your behalf and to access your information online through the website and by email.

DO NOT ALLOW ANYONE TO SIGN IN TO YOUR ACCOUNT. The authorized agent you designate below will be given their own personal and separate online account.

A separate authorized agent designation form with original signature must be submitted for each individual authorized agent.

**Your information is submitted under oath – if you have an authorized agent, you are responsible for what they submit on your behalf.**

**Please acknowledge the following:**

- I will review and approve the information prior to my authorized agent submitting the information.
- I understand that I am submitting this authorization under oath.
- I understand that I am responsible and held accountable for information entered by my designated authorized agent.

Check that you understand and agree to all conditions in this document.

Authorized Agent Name: \_\_\_\_\_

Authorized Agent Email: \_\_\_\_\_

Authorized Agent Mobile phone number: \_\_\_\_\_

Authorized Agent Time Zone: \_\_\_\_\_

Authorized Agent's Company: \_\_\_\_\_

\_\_\_\_\_  
Applicant's **Printed** Legal Name (First, Middle, Last, and Suffix (e.g., Jr.) Type or print legibly

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date