

Custer County Treasurer

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Custer, SD 57730

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ATV / UTV PERMIT INSTRUCTIONS

In order for out-of state visitors to ride an ATV/UTV in the Black Hills, the following are required:

- **TEMPORARY PERMIT** from the County Treasurer [this allows you to ride on or across county and state roads & Forest Service "roads".]
- **AFFIDAVIT ' PERSON WITH NO RESIDENCE IN SOUTH DAKOTA '** [included]
- **FOUR WHEEL ATV AFFIDAVIT** [included]
- **PHOTO COPY OF YOUR DRIVER'S LICENSE** for each driver
- **SOCIAL SECURITY NUMBER** HAND-WRITTEN BELOW COPY OF DRIVERS LICENSE
- **COPY OF REGISTRATION FROM YOUR STATE OR PROOF OF INSURANCE**
[Something showing the VIN, year, make, model or your ATV/UTV]

*****APPLICATIONS SENT BY MAIL *MUST* HAVE SIGNATURES NOTARIZED ON BOTH PAGES*****

 YOU MAY ALSO NEED A PERMIT FROM THE U.S. FOREST SERVICE – this allows you to ride on Forest Service 'trails'. Call Forest Service Office @ 605-673-9200 for further details.

The Permit from the Treasurer's Office cost \$1.00 per day with a minimum of 5 days and a maximum of 15 days plus \$1.00 handling fee. The Permit can be mailed or emailed to you.

Start Date for Permit: _____

Number of Days: _____

Name _____

Mailing address: _____

E-mail address: _____

Phone Number: _____

Do you want permit sent to the mailing address or your e-mail address ? _____

Mail the above COMPLETED documents & a check payable to Custer County.
We will process your permit application and return it to you at the address you indicated above.

You may also apply for the permit in person at our office.
Office hours are Monday thru Friday 8:00am – 5:00pm.
Our office is closed on major holidays.

If you have any questions, please contact our office at any of the above numbers.

FOUR WHEEL, ALL TERRAIN VEHICLE AFFIDAVIT

I, the undersigned, do hereby swear that I had installed on the following described four wheel, all terrain vehicle:

Title Number [if applicable] _____ Color: _____ Make _____

Model _____ Year _____ Serial Number _____

By _____
(name and address of person installing accessories) the following accessories, not to be exclusive :

_____ Rearview Mirror _____ Headlights _____ At least a 200cc Engine

_____ Horn _____ License Plate Light _____ Exhaust & Muffler

_____ Parking lights, tail lights, stop lights

I further swear that the above described vehicle is insured pursuant to SDCL Chapter 32-35, and the accessories meet the motorcycle standards of SDCL Chapters 32-15, 32-17 and 32-18. I also declare and affirm under the penalties of perjury that this affidavit has been examined by me and to the best of my knowledge and belief is in all things true and correct.

SIGNATURE

PRINT NAME

DATE

.....
Signed and sworn to & before me this _____ day of _____ 20_____

Notary or Custer County Treasurer

My Commission expires on the _____ day of _____, 20_____

Pursuant to SDCL 32-20-2 to operate the above vehicle you must have a valid driver's license.

NOTE: ALL 7 items listed above must be marked and are REQUIRED in this state to be street legal and to obtain the temporary permit from the Treasurer's Office.

AFFIDAVIT WITH NO RESIDENCE IN SOUTH DAKOTA

(If you have a South Dakota driver's license, you do NOT need to complete this affidavit.)

I (We) hereby certify that I am applying for a Temporary Permit to operate an ATV / UTV with the following stipulations:

_____ I do not have a South Dakota drivers license to support this permit.
I am providing my out-of-state address from my out-of-state drivers' license.
A COPY OF MY OUT-OF-STATE DRIVER'S LICENSE IS ATTACHED.

_____ I have a residence in South Dakota but have not surrendered my out-of-state drivers' license.
A COPY OF MY OUT-OF-STATE DRIVER'S LICENSE IS ATTACHED.
PROPERTY TAX RECORD # _____

_____ I do not maintain a home or own property in South Dakota or in any other United States jurisdiction, so therefore, the address I have provided with my temporary Permit is for mail-forwarding purposes.
A COPY OF MY OUT-OF-STATE DRIVER'S LICENSE IS ATTACHED.

I am aware that in signing this document, I am swearing to these facts and that any intentional falsification of information on my Temporary Permit or Affidavit in Support of Non-Residency is subject to the penalties of perjury (**Class 6 felony**).

_____ **Printed Name** of Registered Owner _____ **Date**

_____ **Signature** of Registered Owner

Signature: Notary Public or County Treasurer / Deputy

STATE OF _____; COUNTY OF _____

Subscribed and Sworn to before me this _____ day of _____, 20__ .

_____ Date Commission Expires