



South Carolina Department of Motor Vehicles

Commercial Driver Instructor's Permit Application

CDL/DI-34
(Rev. 3/13)

- | | | | |
|-------------------------------------|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Truck | <input type="checkbox"/> High School | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Classroom | | |

Applicant Information

FIRST NAME	MIDDLE NAME OR INITIAL	LAST NAME	
STREET ADDRESS		CITY	STATE
		ZIP CODE	
BIRTH DATE	S.C. DRIVER'S LICENSE NO.	EXPIRATION YEAR	
SCHOOL OF EMPLOYMENT		BUSINESS PHONE	
COMPLETED INSTRUCTOR TRAINING COURSE		WHERE?	WHEN?
HAS YOUR LICENSE BEEN SUSPENDED, CANCELLED, REVOKED OR DENIED IN ANY STATE WITHIN THE PAST 3 YEARS?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF SO, PLEASE EXPLAIN:			
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF SO, PLEASE EXPLAIN ON BACK OF APPLICATION			

Applicant Affidavit

I certify that the above information is correct, accurate and complete. Upon conviction of any violation which occurs after the issuance of this permit that could result in the suspension or revocation of this permit, it will immediately be reported by me to my employer and the Director of Law Enforcement, South Carolina Highway Patrol.

Signature of Applicant

School Certification

I certify to the best of my knowledge that _____ has signed the above affidavit in my presence, is competent to instruct in driver training, and the above information supplied by the applicant is correct according to our official records.

Signature of School Administrator

For DMV Office Use Only

Date _____	Fee _____	Permit No. _____	App. _____
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