



**SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES**  
**Request for Approval of Dealer Pre-licensing Course**

DE-001  
(Est. 6/05)

Requesting Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

How will attendance be certified: \_\_\_\_\_

Please list instructor(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By signing this form below you are certifying that an instructor's credentials meet the requirements as set forth in #1 of the Instructor's Section of the Provider Standards.**

***Application Materials***

**The following attachments must be included for your application to be reviewed:**

- Course reference/resource manual as described in #2 of the Curriculum Requirements of the Provider Standards.
- Summary of course evaluations/critiques from previous two years
- Course schedule including dates, time and locations

\_\_\_\_\_  
Signature of person submitting application

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Please mail completed application together with attachments to the address listed below.  
You will be notified by mail of the approval/denial of this request.**

**SC Department of Motor Vehicles  
Dealer Licensing Unit  
P O Box 1498  
Blythewood, SC 29016-0023**