



# South Carolina Department of Motor Vehicles

## Commercial Driver Training School

### License Application

CDL/DI-36  
(Rev. 3/13)

#### OFFERED TRAINING

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Instructor's Certification | <input type="checkbox"/> 4-Point Reduction          |
| <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Classroom                  | <input type="checkbox"/> Insurance Premium Discount |
| <input type="checkbox"/> Truck      | <input type="checkbox"/> Behind-the-wheel           | <input type="checkbox"/> Mature Driver Discount     |

#### APPLICANT INFORMATION

|   |  |                |            |          |
|---|--|----------------|------------|----------|
| NAME OF SCHOOL                              |  | BUSINESS PHONE | HOME PHONE |          |
| ADDRESS                                     |  | CITY           | STATE      | ZIP CODE |
| LIST OTHER CITIES IN WHICH YOU WILL OPERATE |  |                |            |          |
| APPLICANT FIRST NAME                        |  | MIDDLE         | LAST       |          |
| STREET ADDRESS                              |  | CITY           | STATE      | ZIP CODE |

#### TRAINING VEHICLES

| MAKE | YEAR | STATE | TAG NO. | VEHICLE IDENTIFICATION NO. |
|------|------|-------|---------|----------------------------|
|      |      |       |         |                            |
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#### QUALIFIED INSTRUCTORS

| INSTRUCTOR | PERMIT NO. (if applicable) |
|------------|----------------------------|
|            |                            |
|            |                            |
|            |                            |
|            |                            |

#### AFFIDAVIT

The person(s) signing this application certify that they have read and understand the laws and regulations governing the operation of driver training schools in South Carolina as established by the Department of Motor Vehicles. They further certify that the information given in this application is true and correct to the best of their knowledge. If the school is to be operated by an individual, a corporation, an association, a partnership, or jointly by two or more persons with at least 10% ownership, each officer, member, partner or owner must enter his signature.

| SIGNATURE | RESIDENCE ADDRESS | STATE | ZIP CODE |
|-----------|-------------------|-------|----------|
|           |                   |       |          |

#### For DMV Office Use Only

|            |           |                  |            |
|------------|-----------|------------------|------------|
| Date _____ | Fee _____ | Permit No. _____ | App. _____ |
|------------|-----------|------------------|------------|