



South Carolina Department of Motor Vehicles

Commercial Driver Training School License Application

CDL/DI-36
(Rev. 1/09)

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

QUALIFIED INSTRUCTORS	
INSTRUCTOR	PERMIT NO. (if applicable)

AFFIDAVIT			
<p>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.</p>			
SIGNATURE	RESIDENCE ADDRESS	STATE	ZIP CODE

For DMV Office Use Only			
Date _____	Fee _____	Permit No. _____	App. _____