



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**