



South Carolina Department of Motor Vehicles
MONTHLY ACTIVITY REPORT
(Reports should be submitted by the 5th of the Month)

DI-43
(Est. 3/09)

MAIL OR FAX TO:
Office of Driver Improvement
PO Box 1498
Blythewood, SC 29016-0016
Fax: (803) 896-9926

STUDENTS NAME	PHONE NUMBER	DRIVER LICENSE NUMBER #	DATE STARTED	DATE COMPLETED	TYPE OF TRAINING PROVIDED

Name of School: _____ Name of Person completing report: _____

Date Submitted: _____ Total number of Students trained for Month: _____ Report for month of: _____