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| **Name of Third Party Tester:** |  | | | |
| **Name of person completing report:** | |  | **Date submitted:** |  |
|  | | | | |

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| **Notification Report** –Complete columns A through E and submit to Compliance Reporting at least 48 hours prior to administering a DMV test. E-mail report to [ComplianceReporting@scdmv.net](mailto:ComplianceReporting@scdmv.net) or fax it to (803) 896-8002. | **Check One** | **Weekly Report** – Complete columns A through K at the close of business Friday. Include every DMV test that was scheduled to be administered by your third party tester program since close of business from the previous Friday. E-mail report to [ComplianceReporting@scdmv.net](mailto:ComplianceReporting@scdmv.net) or fax it to (803) 896-8002, or mail it to:  **SCDMV – Office of Inspector General, PO Box 1498, Blythewood, SC 29016-0015** |

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| **A** | | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** |
| **Student’s Name** | | **Beginner’s Permit Number** | **Date of Test**  (M/d/yy) | **Test Time**  (use military time) | **Knowledge or Skills Test** | **Route #** | **DL-304A**  (Audit #) | **447-EX**  (Audit #) | **Passed, Failed, or Cancelled** | **Walk-In** | **Subs/Add Ons** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |
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| **10** |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |  |  |  |  |