|  |  |
| --- | --- |
| **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 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 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** |       |       |       |       |  |       |       |       |  |  |  |
| **5** |       |       |       |       |  |       |       |       |  |  |  |
| **6** |       |       |       |       |  |       |       |       |  |  |  |
| **7** |       |       |       |       |  |       |       |       |  |  |  |
| **8** |       |       |       |       |  |       |       |       |  |  |  |
| **9** |       |       |       |       |  |       |       |       |  |  |  |
| **10** |       |       |       |       |  |       |       |       |  |  |  |
| **11** |       |       |       |       |  |       |       |       |  |  |  |
| **12** |       |       |       |       |  |       |       |       |  |  |  |
| **13** |       |       |       |       |  |       |       |       |  |  |  |
| **14** |       |       |       |       |  |       |       |       |  |  |  |
| **15** |       |       |       |       |  |       |       |       |  |  |  |
| **16** |       |       |       |       |  |       |       |       |  |  |  |
| **17** |       |       |       |       |  |       |       |       |  |  |  |
| **18** |       |       |       |       |  |       |       |       |  |  |  |
| **19** |       |       |       |       |  |       |       |       |  |  |  |
| **20** |       |       |       |       |  |       |       |       |  |  |  |