





**South Carolina Department of Motor Vehicles**  
**APPLICATION FOR A DRIVER TRAINING SCHOOL LICENSE**

DTA-1A  
(Rev 07/2023)

If yes, list the license #		Total # of Instructors assigned	
During previous year	# of Class D Instructors	# of CDL Instructors	# of Motorcycle Instructors
<b>D. Do you have a copy of the Driver Training School Regulations (or know where to locate them) and have you reviewed them?</b> (Note: The Driver Training School Regulations are available at <a href="https://www.scdmvonline.com/Business-Customers/Driving-Schools">https://www.scdmvonline.com/Business-Customers/Driving-Schools</a> or at <a href="https://www.scstatehouse.gov/coderegs/Chapter%2090.pdf">https://www.scstatehouse.gov/coderegs/Chapter%2090.pdf</a> )			<input type="checkbox"/> Yes <input type="checkbox"/> No
For the following questions, use a separate sheet of paper if there is not enough space provided on this form for your answers.			
1. If applicable, this business is a subsidiary of:			
Select the type of business (Check one) <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> Sole Proprietorship			
2. Does your business contract training with another training school or training entity? If yes, list the following:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Address		
3. Has any owner or applicant been licensed as a training entity? If yes, answer the following <b>on a separate sheet of paper</b> : <b>a)</b> the name of the business, <b>b)</b> the address, and <b>c)</b> the dates the business was in operation. Also, indicate whether any claims or charges of fraudulent or deceptive trade practices were brought against these individuals or entities.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has any owner or applicant ever been convicted of any criminal offense? If yes, give <b>a)</b> name of the offense(s) convicted of; <b>b)</b> name and address of the court(s) of conviction; <b>c)</b> the date of conviction(s); <b>d)</b> the punishment(s) imposed; and <b>e)</b> a detailed description of the crime that resulted in this conviction. Please provide this detailed information <b>on a separate sheet of paper</b> .			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the license of your business or any instructors of your business ever been suspended or revoked or been subject to suspension or revocation? If yes, give details below or <b>on a separate sheet of paper if the space provided is insufficient</b> .			<input type="checkbox"/> Yes <input type="checkbox"/> No



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6. List **Owner(s)**: **a)** complete name (do not use initials), **b)** residence address, and **c)** driver's license number. This information is required for any person who has at least 10% ownership in the business. Please list additional owners on a **separate sheet of paper if the space provided is insufficient**.

Name of Owner	Residence Address	Driver's License #

7. List **Manager(s)**: **a)** name, **b)** address, and **c)** driver's license number of Managers or Program Administrator (PA) of your business. Please list any additional managers or PAs on a **separate sheet of paper if the space provided is insufficient**.

Name	Address	Driver's License #

8. List of training vehicles: a) make b) year c) state d) tag # e) VIN (Please list additional vehicles on a separate sheet if space provided is not sufficient)

Make	Year	State	Tag	VIN

9. List **Qualified Instructor(s)**: **a)** name, **b)** address, and **c)** driver's license number of all employees/agents of your business. Please list additional employees/agents on a **separate sheet of paper if the space provided is insufficient**.

Name	Address	Driver's License #

10. If required by state, county, or municipal law to obtain a business license, has the applicant met all requirements for such a license and actually acquired such a license?

Yes  
 No



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- Online Self-Pace Learning Platform    
  Remote Classroom (e.g., Zoom)  
 Classroom Training

**Name of Service Platform or Vendor**

\_\_\_\_\_

Name

\_\_\_\_\_

Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

**Authorized Administrators**

*Please list all school administrators that will have access to student virtual files. Use a separate sheet of paper if there is not enough space to provide names of all administrators with direct access.*

\_\_\_\_\_

Name Safety Officer Number (If applicable)

\_\_\_\_\_

Email Phone

\_\_\_\_\_

DL Number

\_\_\_\_\_

Name Safety Officer Number (If applicable)

\_\_\_\_\_

Email Phone

\_\_\_\_\_

DL Number



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\_\_\_\_\_  
Name

\_\_\_\_\_  
Safety Officer Number (If applicable)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
DL Number

**IV.**

Under penalty of perjury, I declare that I am the owner, partner, or corporate officer of the business named on this application and that all the information is true and correct. I further understand that false responses to these questions may result in denial, suspension, or revocation of the license being sought, even if I claim I did not know the answers were false at the time of completing this application and may subject me to criminal prosecution for perjury and/or other criminal offenses. I have freely and knowingly executed the formalities of an oath in this affirmation and I hereby certify that I am authorized to apply for the license.

\_\_\_\_\_  
Signature of Owner/Corporate Officer (Entity Owned)

\_\_\_\_\_  
Print Full Name (of person signing)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**MAIL ALL FORMS AND DOCUMENTS TO:**

<b>Standard Mail</b>	<b>Overnight Mail</b>
<b>South Carolina Department of Motor Vehicles</b> Attn: OIG/CDL Compliance/Class D Compliance P.O. Box 1498   Blythewood, South Carolina 29016 Phone: (803) 896-9606   Fax: (803) 896-8172 <a href="http://www.scdmvonline.com">www.scdmvonline.com</a>	<b>South Carolina Department of Motor Vehicles</b> Attn: OIG/CDL Compliance/Class D Compliance 10311 Wilson Blvd., Building C   Blythewood, SC 29016 Phone: (803) 896-9606   Fax: (803) 896-8172 <a href="http://www.scdmvonline.com">www.scdmvonline.com</a>