This form must be completed in its entirety. If the space provided is insufficient, please reply on a separate sheet of paper and attach it as part of the application. Do not staple documents. Applications can be mailed to: SCDMV Business Licensing Unit, P.O. Box 1498, Blythewood, SC 29016 or emailed to compliancereporting@scdmv.net. Please submit a copy of your course curriculum with this application. Please note: Once the application has been approved you will be required to provide a demo account with a username/password for the SCDMV to test your system before final approval.

I. Check One (Check all that apply) ☐ Class D ☐ Motorcycle ☐ CDL ☐ Class A ☐ Class B

II. What type of online training will be offered? ☐ Online Self-paced Learning ☐ Remote Classroom ☐ Both

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<thead>
<tr>
<th>I. Provider Information</th>
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<td>Provider Name</td>
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<td>Street Address</td>
<td>City</td>
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<td>County</td>
<td>Business Phone</td>
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<td>Email</td>
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III. Program Administrators

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<tr>
<th>Name</th>
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Program Information

1. Describe your application process for schools or other users. If you require an agreement or contract with licensed driver training schools or educational institutions, please attach a sample.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

2. Is the curriculum tailored to each individual school/educational institution? ☐ Yes ☐ No

3. Can students retest if not successful? ☐ Yes ☐ No

4. How long must the student wait before retesting? ________________
5. Describe your examination process. Include the number of questions for each test, the number of test versions, the pool of questions, and time to complete test.

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6. Explain how your organization offers training and assigns student access to training. (Example: Training program is provided to licensed driver training schools or education institutions, and they register students or provide students with information such as an access code to register directly.)

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7. Explain how your system tracks student’s training time and testing time. How does your system ensure students do not exceed four hours of training within a calendar day?

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8. Please describe the methods and frequency of end user validation/authentication throughout the training and testing.

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9. Does the system timeout after a period of inactivity? If so, how long?

☐ Yes  ☐ No

How long: ___________

10. Does your organization update content periodically due to law changes, safety recommendations from accredited bodies, or for any other reasons? If so, please explain the reason(s) and frequency.

☐ Yes  ☐ No

_________________________________________________________________________________________________________

11. Explain your 24/7 technical support for your customers. Ex. 24/7 phone support, chat, email. Provide phone number and email.

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

V. Certification

Per SC Code §56-23-105, I certify that the online classroom training school provider provides the following:

- My program offers remote online training.
- My program utilizes a student’s username and password for student access.
- My program’s online classroom training measures the amount of time the student spends in the course.
- My program’s online classroom training provides technical support to students that is available 24 hours a day, 7 days a week.
- My program’s online classroom training utilizes personal validation questions which appear periodically throughout the entire course.
- My program has measures in place that prevent a student from completing more than four hours of instruction in a calendar day.
- My program’s online classroom training provides a final examination at the completion of the program.

I acknowledge my program meets the requirements listed above and certify that all information contained in this application is true and correct to the best of my knowledge.

__________________________________________
Signature

__________________________________________
Date

__________________________________________
Printed Name

__________________________________________
Title