



South Carolina Department of Motor Vehicles

Commercial Driver Instructor's Permit Application

CDL/DI-34
(Rev. 08/25)

Automobile Truck High School Private School
 Motorcycle Classroom

Applicant Information

FIRST NAME	MIDDLE NAME OR INITIAL		LAST NAME	
STREET ADDRESS	CITY	STATE	ZIP CODE	
BIRTH DATE	S.C. DRIVER'S LICENSE NO.		EXPIRATION YEAR	
SCHOOL OF EMPLOYMENT		BUSINESS PHONE		
COMPLETED INSTRUCTOR TRAINING COURSE	WHERE?		WHEN?	
HAS YOUR LICENSE BEEN SUSPENDED, CANCELLED, REVOKED OR DENIED IN ANY STATE WITHIN THE PAST 3 YEARS?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
IF SO, PLEASE EXPLAIN:				
<p>HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
IF SO, PLEASE EXPLAIN ON BACK OF APPLICATION				
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Applicant Affidavit

I certify that the above information is correct, accurate and complete. Upon conviction of any violation which occurs after the issuance of this permit that could result in the suspension or revocation of this permit, it will immediately be reported by me to my employer and the South Carolina Department of Motor Vehicles Office of Inspector General.

Signature of Applicant

Date

School Certification

I certify to the best of my knowledge that _____ has signed the above affidavit in my presence, is competent to instruct in driver training, and the above information supplied by the applicant is correct according to our official records.

Signature of School Administrator

Date

For DMV Office Use Only

Date _____ Fee _____ Permit No. _____ Employee's Initials _____

Approved

Denied