



South Carolina Department of Motor Vehicles

APPLICATION FOR THIRD-PARTY TESTER COMPANY CERTIFICATION

DL-304N
(Est. 07/2025)

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. **Submit the original surety bond and power of attorney with the application. Please note:** A bond and power of attorney are not required to renew your certification (unless a new bond has been obtained). A separate form is required for each class certification.

I. Check One	<input type="checkbox"/> First Time Application <input type="checkbox"/> Renewal/Update	Check One	<input type="checkbox"/> Class D <input type="checkbox"/> CDL <input type="checkbox"/> Motorcycle (Check all that apply) <input type="checkbox"/> E + F
	Change of: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Ownership (NOTE: Contact the SCDMV Business License Unit to determine if a new bond is required.)		<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C

II. I (we) hereby apply for certification to engage in the BUSINESS of Driver's License Knowledge and/or Skills Testing within the State of South Carolina.								
Third-Party Tester Company Name								
Principal Location Street Address				City			State	ZIP
County			Email			Business Phone	-	-
Special Mailing Address				City			State	ZIP
Additional Testing Location Address				City			State	ZIP
Additional Testing Location Address				City			State	ZIP
Additional Testing Location Address				City			State	ZIP
Additional Testing Location Address				City			State	ZIP

III. A. Do you have a surety bond in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Name of Surety Company									
Address of Surety Company (Street, City, State, ZIP)									
Surety Bond #									
Effective Date	/	/	to	/	/				
Name of Principal (Third-Party Tester Co. Name)									
Telephone # of Bond Comp.	-	-							
B. Do you have liability insurance in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Name of Liability Ins. Company									
Name of Policyholder (Third-Party Tester Co. Name)									
Policy #									
Effective Date	/	/	to	/	/				
Name of Insurance Agency									
Telephone #	-	-							



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C. Do you have a copy of the Third-Party Tester Program Standards or Safety Officer Manual (or know where to locate them) and have you reviewed them? (Note: The Third-Party Tester Program Standards or Safety Officer Manual are available at dmv.sc.gov/Business-Customers/Driving-Schools) Yes 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
(Name of Parent Co.):

Select the type of business (Check one) INC LLC LP Sole Proprietorship

2. Does your business contract with another testing entity? If yes, list the following: Yes No

Name	Address
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3. Is your company a licensed driver training provider? If yes, list the following: Yes No

Licensed with SCDMV?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed as an ELDT provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SCDMV Training License Number (if applicable)	
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a. Has your school license ever been suspended or revoked? If yes, give details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Has any owner or applicant been licensed as a testing entity? If yes, answer the following: Yes No

Name of Testing Company	
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Address of Testing Company (Street, City, State, ZIP)	
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Effective Dates of Operation	/ / to / /
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a. Have any claims or charges of fraudulent or deceptive trade practices been brought against this individual or entity? If yes, describe below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Has any owner, partner, company officer, or applicant ever been convicted of any criminal offense? If yes, describe below (or on a separate sheet of paper for multiple offenses or if there is not enough space): Yes No

Name of Convicted Offense	
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Name of Court of Conviction	
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Address of Court of Conviction (Street, City, State, ZIP)	
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Date of Conviction	/ /
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Punishment Imposed	
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Detailed description of the crime that resulted in this conviction	
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6. Has the license of your business or any owner, partner, company officer, or applicant of your business ever been suspended or revoked or been subject to suspension or revocation? If yes, give details below: Yes No



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7. 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 #

8. List **manager(s)**, **program administrator(s) (PA)**, or **designated responsible party(ies)** of your business: **a**) name, **b**) address, and **c**) driver's license number. Please list any additional managers, PAs, or designated responsible parties on a **separate sheet of paper if the space provided is insufficient**.

Name	Address	Driver's License #

9. List of **testing vehicles**: **a**) make, **b**) year, **c**) state, **d**) license plate number, and **e**) VIN (*Please list additional vehicles on a separate sheet if space provided is not sufficient*)

Make	Year	State	License Plate Number	VIN

10. List **third-party examiner(s)**: **a**) name, **b**) address, and **c**) driver's license number, and attach form DL-304F Third-Party Examiner Application for each examiner. Please list additional examiners on a **separate sheet of paper**.

Name	Address	Driver's License #

11. 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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IV. Under penalty of perjury, I declare that I am the owner, partner, or company 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 certification 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 certification.

Signature of Owner/Partner/Company Officer

Print Full Name (of person signing)

Date

/ /

MAIL ALL FORMS AND DOCUMENTS TO:

Standard Mail	Overnight Mail
South Carolina Department of Motor Vehicles Attn: OIG/Business License Unit P.O. Box 1498 Blythewood, South Carolina 29016-0015 Phone: (803) 896-9606 dmv.sc.gov	South Carolina Department of Motor Vehicles Attn: OIG/Business License Unit 10311 Wilson Blvd., Building C Blythewood, SC 29016-0015 Phone: (803) 896-9606 dmv.sc.gov

OR SCAN AND EMAIL TO:

For **commercial** applications: CDLCompliance@dmv.sc.gov

For **non-commercial** applications: ComplianceReporting@dmv.sc.gov