



# South Carolina Department of Motor Vehicles

## APPLICATION FOR A DRIVER TRAINING SCHOOL LICENSE

DTA-1A  
(Rev 07/2023)

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 bond and power of attorney with the application.** **Please note:** A bond and power of attorney are not required to renew your license (unless a new bond has been obtained).

I.

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

**What type of classroom training will be offered?**  In-Person  Live Online  Self-paced Online  
(Check all that apply)

**If applicable, please provide the online training platform that will be used on page 4.**

<b>Application Fees</b>	<b>Renewal:</b> License Fee \$200 (required at time of application)   Instructor \$20 each (required at time of application)				
	<b>First-Time Application:</b> License Fee \$200 (required at time of application)   Instructor \$20 each (required upon approval of application for school)				
<b>Application Fees</b>	<b>Ownership Change:</b> \$200 (required at time of application)   Instructor \$20 (required upon approval of the application for school)				

II.

**I (we) hereby apply for a license to engage in the PRINCIPAL BUSINESS of Driver Training within the State of South Carolina.**

<b>Name of Training School</b>								
Street Address				City	State		ZIP	
County			Email	Business Phone		-	-	
Special Mailing Address				City	State		ZIP	

III.

**A. Do you have a surety bond in effect?  Yes  No**

<b>Name of Surety Company</b>						
Address of Surety Company (Street, City, State, ZIP)						
Surety Bond #						
Effective Date		/	/	to	/	/
Name of Principal (Training School's Name)						
Telephone # of Bond Comp.						

**B. Do you have liability insurance in effect?  Yes  No**

<b>Name of Liability Insurance</b>						
Name of Policyholder (Training School's Name)						
Policy #						
Effective Date		/	/	to	/	/
Name of Agency						
Telephone #						

**C. Was the business a licensed training school during the previous year?  Yes  No**



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If yes, list the license #		Total # of Instructors assigned	
During previous year	# of Class D Instructors	# of CDL Instructors	# of Motorcycle Instructors
D. Do you have a copy of the Driver Training School Regulations (or know where to locate them) and have you reviewed them? (Note: The Driver Training School Regulations are available at <a href="http://dmv.sc.gov/Business-Customers/Driving-Schools">dmv.sc.gov/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: <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> Sole Proprietorship Select the type of business (Check one)			
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> : a) the name of the business, b) the address, and c) 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 a) name of the offense(s) convicted of; b) name and address of the court(s) of conviction; c) the date of conviction(s); d) the punishment(s) imposed; and e) 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 #

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**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.*

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Name

Safety Officer Number (If applicable)

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Email

## Phone

### DL Number

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Name

Safety Officer Number (If applicable)

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## Email

Phone

### DL Number



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Name

Safety Officer Number (If applicable)

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Email

Phone

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DL Number

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.

/ /

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Signature of Owner/Corporate Officer (Entity Owned)

Print Full Name (of person signing)

Date

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**MAIL ALL FORMS AND DOCUMENTS TO:**

Standard Mail	Overnight Mail
<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 dmv.sc.gov	<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 dmv.sc.gov