

	<h2 style="margin: 0;">South Carolina Department of Motor Vehicles</h2> <h3 style="margin: 0;">APPLICATION FOR A DRIVER TRAINING SCHOOL LICENSE</h3>	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.

Check One	<input type="checkbox"/> First Time Application <input type="checkbox"/> Renewal Change of: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Ownership <i>(NOTE: Contact the SCDMV Business License Unit to determine if a new bond is required.)</i>	Check One	<input type="checkbox"/> Class D <input type="checkbox"/> CDL <input type="checkbox"/> Motorcycle (Check all that apply) <input type="checkbox"/> Other (List class) <input type="checkbox"/> Class A <input type="checkbox"/> Class B
What type of classroom training will be offered? (Check all that apply) <input type="checkbox"/> In-Person <input type="checkbox"/> Live Online <input type="checkbox"/> Self-paced Online			
If applicable, please provide the online training platform that will be used on page 4.			
Application Fees	Renewal: License Fee \$200 (required at time of application) Instructor \$20 each (required at time of application)		
Application Fees	First-Time Application: License Fee \$200 (required at time of application Instructor \$20 each (required upon approval of application for school) Ownership Change: \$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.							
Name of Training School							
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Surety Company	
Address of Surety Company <i>(Street, City, State, ZIP)</i>	
Surety Bond #	
Effective Date	/ / to / /
Name of Principal (Training School's Name)	
Telephone # of Bond Comp.	- -
B. Do you have liability insurance in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Liability Insurance	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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
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 dmv.sc.gov/Business-Customers/Driving-Schools or at https://www.scstatehouse.gov/coderegs/Chapter%2090.pdf)			<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 on a separate sheet of paper : 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 on a separate sheet of paper .			<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 on a separate sheet of paper if the space provided is insufficient .			<input type="checkbox"/> Yes <input type="checkbox"/> No



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

DTA-1A
(Rev 07/2023)

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

	South Carolina Department of Motor Vehicles APPLICATION FOR A DRIVER TRAINING SCHOOL LICENSE	DTA-1A (Rev 07/2023)
--	---	--------------------------------

☐ 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



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

DTA-1A
(Rev 07/2023)

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:

Standard Mail	Overnight Mail
South Carolina Department of Motor Vehicles 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	South Carolina Department of Motor Vehicles 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