South Carolina Department of Motor Vehicles

ONLINE CLASSROOM DRIVER TRAINING PROVIDER APPLICATION

DTA-1B
(Rev 09/2023)

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. Applications can be mailed to: SCDMV Business Licensing Unit, P.O. Box 1498, Blythewood, SC 29016 or emailed to compliancereporting@dmv.sc.gov. **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**
	☐ Other (List class) ☐ Class A ☐ Class B

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

II.

Provider Information

Provider Name							
Street Address			City		State		ZIP
County			Business Phone		-	-	
Email		URL					

III.

Program Administrators

Name	Phone Number	Email

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.
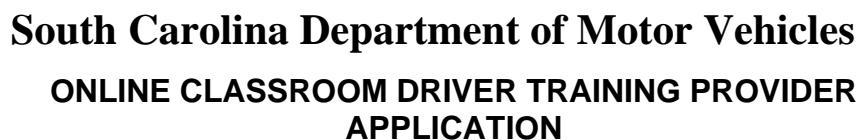
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2. Is the curriculum tailored to each individual school/educational institution?	☐ Yes ☐ No
3. Can students retest if not successful?	☐ Yes ☐ No
4. How long must the student wait before retesting?	_____

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

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

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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** _____