



South Carolina Department of Motor Vehicles

Commercial Driver Instructor Permit Application

CDL/DI-34
(Rev. 10/2026)

- | | | |
|-------------------------------------|------------------------------------|---|
| ☐ Automobile | ☐ Truck | ☐ High School |
| ☐ Motorcycle | ☐ Classroom | ☐ Private School |

Instructor Permit Fees

- 1-12 months - \$20
- 13-24 months - \$40
- 25-36 months - \$60
- 37-48 months - \$80

All instructor permits expire on the date of license expiration of the respective driver training school for which the driver instructor is permitted. **Public and private high school instructors are not required to pay fees for permits.**

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	
HAVE YOU COMPLETED AN INSTRUCTOR TRAINING COURSE? ☐ YES ☐ NO					
IF SO, WHEN AND NAME OF PROVIDER:					
HAS YOUR LICENSE BEEN SUSPENDED, CANCELLED, REVOKED OR DENIED IN ANY STATE WITHIN THE PAST 3 YEARS? ☐ YES ☐ NO					
IF SO, PLEASE EXPLAIN:					
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? ☐ YES ☐ NO					
IF SO, PLEASE EXPLAIN ON BACK OF APPLICATION					

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