





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

DTA-1A
(Rev. 10/06/26)

C. Was the business a licensed training school during the previous year? ☐ Yes ☐ No			
If yes, list the license #		Total # of Instructors assigned	
During previous year	# of Class D Instructors	# of CDL Instructors	# of Motorcycle Instructors
D. This question is for CDL schools only: Are you currently registered as an Entry Level Driver Training (ELDT) provider? ☐ Yes ☐ No			
If yes, list the effective date.	/ /	If no, you are required to register within 45 days of becoming a South Carolina driver training school.	
E. 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 https://www.dmv.sc.gov/Business-Customers/Driving-Schools or at https://www.scstatehouse.gov/coderegs/Chapter%2090.pdf)			☐ 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:			
Select the type of business (Check one) ☐ INC ☐ LLC ☐ LP ☐ Sole Proprietorship			
2. Does your business contract training with another training school or training entity? If yes, list the following:			☐ Yes ☐ 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.			☐ Yes ☐ 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 .			☐ Yes ☐ 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 .			☐ Yes ☐ No



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6. List **Owner(s)**: **a)** complete name (do not use initials), **b)** residence address, **c)** driver's license number, and **d)** state/jurisdiction. 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 #	State/Jurisdiction

7. List **Manager(s)**: **a)** name, **b)** address, **c)** driver's license number, and **d)** state/jurisdiction 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 #	State/Jurisdiction

8. List of **training vehicles**: **a)** make **b)** year **c)** state **d)** tag # **e)** VIN. List **all** training vehicle components, if applicable (i. e. **tractor, trailer, etc.**). Please list additional vehicles/components on a **separate sheet of paper if the space provided is insufficient**.

Make	Year	State	Tag	VIN

9. List **Qualified Instructor(s)**: **a)** name, **b)** address, **c)** driver's license number, and **d)** state/jurisdiction 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 #	State/Jurisdiction



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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

☐ 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 insufficient space to provide names of all administrators with direct access.

Name

Third-Party Examiner
Number (If applicable)

Email

Phone

DL Number and State/Jurisdiction

Name

Third-Party Examiner
Number (If applicable)

Email

Phone

DL Number and State/Jurisdiction



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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

AGENCY USE ONLY				
Curriculum	☐ Approved			
	☐ Denied	_____ Employee Name	_____ Employee Signature	_____ Date
Online Classroom (If applicable)	☐ Approved			
	☐ Denied	_____ Employee Name	_____ Employee Signature	_____ Date
Training Vehicles	☐ Approved			
	☐ Denied	_____ Employee Name	_____ Employee Signature	_____ Date
Facility	☐ Approved			
	☐ Denied	_____ Employee Name	_____ Employee Signature	_____ Date
School License	☐ Approved			
	☐ Denied	_____ Employee Name	_____ Employee Signature	_____ Date