



South Carolina Department of Motor Vehicles

Third-Party Examiner Application

DL-304F
(Rev. 09/25)

Information provided assists the Department in evaluating your qualifications to participate as an active Third-Party Examiner (formerly known as Safety Officer) in the Third-Party Tester (TPT) Program within South Carolina. Information will be verified. Complete the entire document (please type or print) as indicated and sign.

Third-Party Testers are to mail the following documents to: **SCDMV – Office of Inspector General**

Business License Unit

PO Box 1498

Blythewood, SC 29016-0015

- Completed application (Form DL-304F), and
- A national criminal report (no more than 90 days old), and
- Certified driving record of the current or previous state's driving record (no more than 30 days old) **if Third-Party Examiner has not held a South Carolina driver's license for at least three (3) years.**

A. Select Test(s) to be Certified to Administer

Skills Test Knowledge Test Both

B. Select Applicable Class(es)

CDL Class A CDL Class B CDL Class C
 Class D Motorcycle E + F

1. Your Information

Last Name	First Name	MI	
Driver's License No./State	Class	Endorsements	Restrictions
Cell Phone No.	Preferred Email Address (Will be used to contact you for training)		

2. Third-Party Company Name: _____

Address: _____ City: _____ Zip Code: _____

Phone No.: _____ Company Email: _____

3. Do you possess a valid license **and have at least three (3) years of experience operating a vehicle for the class which you are applying? Yes No**

4. Currently or in the past three (3) years have you had any of the following:

a) License revocation, suspension, or cancellation? Yes No
If yes, which one: _____

b) Points charged against your license? Yes No
If yes, when, and what violation: _____

c) At fault accidents? Yes No
If yes, when: _____

d) Convicted of a DUI? Yes No
If yes, when: _____

e) Convicted of any crime other than a misdemeanor? Yes No
If yes, which one, and when: _____

Employment information:

5. Have you ever been a Third-Party Examiner for another company within South Carolina? Yes No
If yes, complete the following:

Name of Company	Location	Third-Party Examiner No.	Period of Employment



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For motorcycle applicants only:

6. Have you completed the MSF instructor training course? Yes No

If yes, When?	Where?	MSF Certificate No.

7. To serve as a Third-Party Examiner you must meet the following conditions:

- a) Must have and maintain a valid South Carolina driver's license with the applicable classification (or higher) and have three (3) or more years of driving experience in that class license.
- b) Must successfully complete the training course required by the SCDMV.
- c) If you were previously employed with another Third-Party Tester as a Third-Party CDL Examiner, the SCDMV has **up to 30 days** to review your files before allowing you to serve for this new employer.
- d) Must be a high school graduate or possess a GED.
- e) Application must include National Criminal Report.
- f) Must meet and maintain the Third-Party Examiner requirements outlined in the applicable (Class D, Class E & F, and/or Motorcycle) **Third-Party Tester's Safety Officer Manual** or **Commercial Driver's License Third-Party Tester's Program Standards**, adhere to applicable State Laws and the conditions set forth in the Third-Party Tester Agreement.

8. To serve as a Third-Party Examiner you must **not** have the following:

- a) Third-Party Examiners cannot have cancellations, suspensions, or revocations of their driving privileges connected to a moving violation for three (3) years prior to applying to be a Third-Party Examiner and must not have any thereafter.
- b) Third-Party Examiners cannot have been convicted of a felony offense(s) or crimes involving moral turpitude and/or any convictions for tampering, falsification, or altering any government record.
- c) Third-Party Examiners cannot administer any Third-Party Tester tests until successful completion of the applicable SCDMV Third-Party Tester training course and have received a Certificate of Completion from the SCDMV.

9. My signature below indicates the information provided is true, correct, and not misleading. I fully understand that false information may cause my application to be delayed, denied, cancelled or revoked. While conducting my duties as a representative of the Third-Party Tester Program for my driver testing company or school, I agree to adhere to all SC Department of Motor Vehicle (SCDMV) policies and procedures provided in the applicable (Class D, Class E & F, and/or Motorcycle) **Third-Party Tester's Safety Officer Manual** or **Commercial Driver's License Third-Party Tester's Program Standards**. I also agree to ensure that all knowledge and/or skills tests are administered in accordance with SCDMV regulations and those set forth in the applicable (Class D, Class E & F, and/or Motorcycle) **Third-Party Tester's Safety Officer Manual** or **Commercial Driver's License Third-Party Tester's Program Standards**.

Third-Party Examiner's or Designee's Printed Name

Signature

Date

SCDMV Representative

Signature

Date

Application Approved by SCDMV: Yes No