



**South Carolina Department of Motor Vehicles**  
**Commercial Driver Instructor's Permit Application**

**CDL/DI-34**  
(Rev. 07/25)

Automobile       Truck       High School       Private School  
 Motorcycle       Classroom

## **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**

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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

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Date

**For DMV Office Use Only**