# Student Checklist to Enter the HGTC CDL Training School

| STEP 1- REGISTRATION | ✓ |
|---|---|
| Must be 18 years or older | |
| Must be able to converse and communicate in the English language | |
| Possess a valid SC driver's license and have at least two (2) consecutive years of driving experience- permanent resident of South Carolina | |
| Must be a citizen of the U.S.A. | |
| Complete the HGTC CDL Training School student application and CE registration form (in packet) and make course payment in full at least two weeks before the class begins ($4595). | |
| If seeking financial assistance: go to SC Works Coastal Center 200C Victory Lane Conway, SC 29526 (843) 234-9675 Monday-Friday 8:30 - 4 p.m. or Georgetown Center 1105 Church Street Georgetown, SC 29440 (843) 546-8581 Monday-Friday 8:30 – 4 p.m.<br>Ask to speak to a career coach for the WIOA Grant application to help pay for the CDL course at HGTC. Follow their instructions and secure grant money for course.<br>OR complete the Career Pathways Scholarship Application and hand in with the rest of your paperwork at an HGTC Continuing Education office. | |

| STEP 2- GO TO THE SC DEPARTMENT OF MOTOR VEHICLE (DMV) | ✓ |
|---|---|
| Get a 10-year driving record (MVR) -Form MV-70-IS ($6)- in packet. | |

| STEP 3- COMPLETE A DOT PHYSICAL | ✓ |
|---|---|
| Schedule the DOT physical (List of some approved providers are included in this packet. You can have your personal doctor do this if he/she provides this service.). Physicals from a SC DMV non-approved provider will not be accepted. | |
| Make it to appointment with state identification and have physician fill out the form. They may have an updated form, please use that form if they do. | |

| STEP 4- TAKE CDL SKILLS TESTS AT DMV | ✓ |
|---|---|
| Complete the Application for the Commercial Learner's Permit (SCDMV Form 447-CDL-in packet) ($15)- Get your learner's permit. | |
| Take and pass the CDL skills tests to obtain a Class A beginner's permit (application in packet), you must take the DOT physical paperwork with you and must also be a permanent resident of South Carolina, 18 years or older and have a valid, unexpired SC driver's license. | |
| Take and pass the following CDL Skills tests: General Knowledge, Air Brakes, and Combination Vehicles ($2.50 for the skills tests) | |

| STEP 5- DOT DRUG TEST | ☑ |
|---|---|
| Schedule the DOT drug (5 substances) test as soon as you have your permit (List of approved providers are included in this packet-there may be other physician available. You can use your personal doctor if he/she provides this service and is SC DMV approved.). Drug tests from a SC DMV non-approved provider will not be accepted. | |
| Take and pass the DOT drug and alcohol test- all 5 substance results come back negative. | |
| Email (CEInfo@hgtc.edu) or drop this information off at the Grand Strand campus at 743 Hemlock Ave Myrtle Beach, SC 29577 (building 200/room 108) or Georgetown campus at 4003 S. Fraser Street (building 100/room 107). | |

| STEP 6- LAST STEP | ☑ |
|---|---|
| Don't forget to wear closed heels and toes, preferably boots or sneakers to class every day. We look forward to having you in class. | |

| **Student Material and Supply List-** *fees are subject to change* | **Estimated Cost- subject to change** |
|---|---|
| 10-year driving record (MVR)- Form MV-70-IS | $6.00 |
| CDL Manual | $5.00 |
| DOT Physical –Form 405A | $75.00 |
| DOT Drug Test-Form CDL-18 | $80.00 |
| Application for the Commercial Learner's Permit- Form 447-CDL | $15.00 |
| CDL Skills tests: General Knowledge, Air Brakes, and Combination Vehicles ($2.50 for the CLP) | $7.50 |
| Log book, binder and ruler (included in tuition) | $25.00 |
| CDL Driver's License-Form 447-CDL | $27.50 |

**CE REGISTRATION FORM**
**Please fill out completely**
**Please Print**

HORRY GEORGETOWN TECHNICAL COLLEGE
WORKFORCE DEVELOPMENT

**Where did you hear about us?**
( ) Printed Schedule, ( ) Online, ( ) Newspaper Ad,
( ) Word of Mouth, ( ) Special Mailing,
( ) Other: _____

SSN or H#:_____ (Required) Last Name:_____ (Legal Name) First Name:_____ MI:_____

Street Address: _____ City:_____ State:_____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email (Pers) :_____ Email(Bus):_____
{ } gmail.com { } yahoo.com { } aol.com { } outlook.com

The South Carolina Illegal Immigration Reform Act (S.C. Code Ann. 59-101-430 (Westlaw 2008)) prohibits those unlawfully present in the United States from attending a public institution of higher education in South Carolina and from receiving a public higher education benefit. By signing below, you attest that you are a US citizen, a legal permanent resident in the United States, or an alien lawfully present in the United States. In addition, the college may require you to submit documentation that supports your claim. Any student who is found to be unlawfully present in the United States will be dismissed from the college.

DOB: ____/____/____

Gender: Male Female (circle one)

Ethnic background:
____African American, ____Asian, ____Caucasian
____Hispanic, ____Native American, ____Other

Please check the line below that best describes your presence in the U.S.

____I am a U.S. citizen
____I am a legal permanent resident 18 or older
____I am an illegal resident of the U.S.

**OFFICE USE ONLY** ( Revised 24-Jan-19)

| 1) Term: | Campus | | |
|---|---|---|---|
| Prefix | Course# | Section# | CRN# |
| Course Title: | | | |
| 2) Term: | Campus | | |
| Prefix | Course# | Section# | CRN#. |
| Course Title: | | | |
| 3) Term: | Campus: | | |
| Prefix | Course# | Section# | CRN# |
| Course Title: | | | |

Date Registration Keyed:_____

Keyed by:_____

**PAY METHOD:**
( )VISA, ( )MC, ( )DISC, ( )AMEX
( )Cash, ( )Check # _____

Include DL and Ph No. on front of check

Make Checks payable to HGTC

Name on Card: _____

Date Pymnt Processed/Keyed:_____

Keyed by:_____

Receipt #: _____

(Attach any authorizations for scholarships, coupons, etc)

1) Registration Fee: _____

Other: _____

2) Registration Fee: _____

Other: _____

3) Registration Fee: _____

Other: _____

**TOTAL FEES**: $_____

HORRY GEORGETOWN TECHNICAL COLLEGE

**Please return completed application to:**
**Horry-Georgetown Technical College 950**
**Crabtree Lane Building 600 Myrtle Beach,**
**SC 29577**
**843-477-2020 / Email: wdinfo@hgtc.edu**

**Please type or write legibly.**

**This Scholarship Application is for Continuing Education classes only.**

| | | |
|---|---|---|
| **Name:** | **SSN:** | **Date of Birth:** |
| **Street Address:** | **Phone #** | **Alternate Phone#** |
| **City/State/Zip:** | **Email:** | |
| **Class** | **Class Cost** | |
| **Are you employed?** | **What is your occupation?** | |
| **Statement of Need:** | | |
| **What are your career goals and how can HGTC help you achieve them?** | | |

I hereby apply for the Horry Georgetown Technical College Continuing Education Scholarship. The above information is true to the best of my knowledge.

_____ _____

Date Signature

**You must be at least 18 years of age and a South Carolina resident to apply for this scholarship.**

To be completed by Program Coordinator

| Scholarship Amount | Approval |
|---|---|
| | |

# 2021-2022 Workforce Scholarships for the Future Affidavit

Student H# Date

Student's First Name Middle Name Student's Last Name

Student's Address (including apt. #s)

City State Zip Code

Phone Number (including area code) Student's Email Address

Workforce Scholarships for the Future covers tuition and fees after applying all other scholarships and grants for South Carolina residents (adults and recent high school graduates) enrolled in a qualified program. Award amounts may be adjusted or canceled due to changes in enrollment or the availability of funds. I understand that I must achieve and maintain a 2.0 cumulative Grade Point Average (GPA) for renewal award(s).

I certify that I am or that I will complete **one** of the following requirements:

- ◯ I am currently employed.
- ◯ I will complete an online financial literacy course offered by HGTC. The link will be sent during the Spring 2022 semester.
- ◯ I will complete 200 hours of voluntary time contributing to a non-profit or public service organization

Student Signature Date

# South Carolina Department of Motor Vehicles

## Request for Driver Information

MV-70
(Rev. 11/18)

**PART 1** This section must be completed before information listed on Parts 2 (single request) or 3 (multiple requests) will be released. Check the boxes of permissible uses that apply to you under Federal Law (18 USC, Chapter 123). Persons submitting this form to obtain someone else's record should read the Federal law before signing. See Part 3 of this form for how to find a copy of the law.

Under Federal Law, driver personal information may be obtained only for certain uses. The following is a short version of permissible uses. Check the box beside the reason that best explains why you are requesting driver information.

- ☐ 1. For use by any government agency in carrying out its functions.
- ☐ 2. For a business to verify the accuracy of personal information previously provided to the business.
- ☐ 3. To use in any court proceeding or investigation in anticipation of litigation.
- ☐ 4. For research and statistical purposes so long as the personal information is not published, redisclosed, or used to contact individuals. (Such requests are processed only in Blythewood DMV Headquarters. See special instructions on back of this form.)
- ☐ 5. For use by an insurer for claims investigations, rating, and underwriting.
- ☐ 6. For use by an employer or its insurer to verify commercial driver license information.
- ☐ 7. For any other use by the driver or by written consent of the driver. (See "Consent" in Part 2.)

Under penalty of perjury, I state that I am entitled to receive and use this information as permitted under the Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended). I further acknowledge that if I misuse this information or give it to someone who uses it for an unauthorized purpose, I may be subject to Federal criminal law as well as a civil lawsuit where the minimum award is $5,000.00.

Print Name of Person/Business Requesting Information | Account Number with DMV (If applicable) | Phone Number | Fax Number (If applicable)

Address of Person/Business Requesting Information | City | State | Zip Code

Print Name of Person Receiving Information | Date | Signature of Person Receiving Information

**PART 2** **To be used to obtain information on a single driver.**

Name | SC DL/BP/ID # (if available) | Date of Birth

Information Requested:

**CONSENT** (only complete this section if Box 7 of Part 1 is checked)

I, _____, give consent for the release of my personal information to
Print name of Driver
the person shown above.

Signature of Driver | Date

**FEES** Driving records can be purchased in any branch office if you do not want to mail your request to headquarters. All other documents must be purchased through the mail.

**REQUIRED FEES FOR EACH SEPARATE DOCUMENT**

| | |
|---|---|
| Copy of Driving Record (MVR) | $ 6.00 |
| Copy of Ticket/Suspension Notices | $ 6.00 |
| Other related documents | $ 6.00 |

If mailing, **do NOT send cash through the mail**. Make check or money order payable to **SCDMV**.

**MAIL TO:** Alternative Media
P.O. Box 1498
Blythewood, SC 29016-0035

**OFFICE USE ONLY**

Credential Type and Number Presented by Person Receiving Information | Office Code

Printed Name of Employee Processing Request | Signature of Employee Processing Request | Date

## PART 3 Must be completed for multiple requests.

**Special Instructions for Research and Statistical Requests:** These requests are processed in DMV Headquarters in Blythewood. The requestor must mail this form with a cover letter giving any other details that will be needed to process this request. In addition, the cover letter should state that the information will not be published, redisclosed in any fashion, or used to contact individuals. Mail to: Research and Statistical Request, Alternative Media, P.O. Box 1498, Blythewood, SC 29016-0035. The cost is listed on front of the form.

**How to Obtain a Copy of the Federal Driver Privacy Protection Act, 18 USC, Chapter 123:** Most public libraries have copies of the United States Code. 18 USC, Chapter 123 can also be found on the Internet (from your home or at the library) by going through the Cornell Law School Website. At the time this form was printed, the address was: www4.law.cornell.edu/uscode. The Driver Privacy Protection Act can be found at: www4.law.cornell.edu/uscode/18/ch123.html.

| | Name | SC BP/DL/ID Number | Date of Birth |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |

**OFFICE USE ONLY**

Credential Type and Number Presented by Person Receiving Information _____ Office Code _____

Printed Name of Employee Processing Request _____ Signature of Employee Processing Request _____ Date _____

# South Carolina Department of Motor Vehicles

## Request for Driver Information Instruction Sheet

**MV-70-IS**
(Rev. 11/18)

Form MV-70 will be used to request driver's personal driver information. It is a legal document to be completed in its entirety. Please note, under the Federal Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended), driver personal information may be obtained only for certain uses. Persons submitting this form to obtain someone else's record should read the Federal law before signing the form. Most public libraries have copies of the United States Code. The Code can also be found on the Internet (from your home or at the library) by going through the Cornell Law School Website. At the time this form was printed, the address was: www4.law.cornell.edu/uscode. The Driver Privacy Protection Act can be found at: www4.law.cornell.edu/uscode/18/ch123.html.

Filing form MV-70 states that you are entitled to receive and use the driver personal information as permitted under the Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended). Anyone misusing of this information, or providing it to someone who uses it for an unauthorized purpose, may be subject to Federal criminal law as well as a civil lawsuit where the minimum award is $5,000.00.

**Part 1**

1) Read the statement included in Part 1 in its entirety before completing this form.
2) Enter the **Name of the Person or Business** requesting the driver's information.
3) Enter DMV account number (this field is NOT for bankcard numbers).
4) Enter the fax number of the person or business requesting the driver's information, if applicable.
5) Enter the phone number of the person or business requesting the driver's information. This will allow us to call them if we have any questions when processing request.
6) Print the **Address of the Person or Business** requesting the information.
7) Enter the **Name of the Person Receiving the Information**.
8) Enter the **Date** of the request.
9) After reading the statement in Part 1, the **Person Receiving the Information** should sign.

**Part 2 - To** be completed only if information is requested for a single driver.

1) Enter the **Name** of the driver for whom information is being requested.
2) Enter the driver's **SC Driver License number, Beginner's Permit number, or Identification number** if available.
3) Enter the driver's **Date of Birth**.
4) Provide a brief description of the **Information Requested.**

**Consent -** Complete the fields under this heading only if **Box 7** in **Part 1** is checked.

1) Enter the **Name of the Driver**.
2) Obtain the **Signature of the Driver** listed on the line above.
3) Enter the **Date** the driver's signature was obtained.

**Part 3 - To** be completed if information is requested for multiple drivers.

1) Enter the **Name** of the driver for whom information is being requested.
2) Enter the driver's **SC Driver License number, Beginner's Permit number, or Identification number** if available.
3) Enter the driver's **Date of Birth**.

**Submitting Your Request**

Requests for driving records may be processed in a branch office or through the mail. All other requests must be mailed. Send the completed Form MV-70, along with a check or money order covering the applicable fees for each document requested, to:

Alternative Media
PO Box 1498
Blythewood, SC 29016

The following **fees** are required for each separate document requested. Please make the check or money order payable to: **SC Department of Motor Vehicles**. Do not send cash through the mail.

| | |
|---|---|
| Copy of Motor Vehicle Report (MVR) | $6.00 |
| Copy of Ticket/Suspension Notices | $6.00 |
| Other related documents | $6.00 |

**Special Instructions** applying to requests for **Research** and **Statistical Purposes:**

If **Box 4** in **Part 1** is checked, the requestor must mail a completed MV-70 along with a cover letter to:

Research and Statistical Request, Alternative Media
PO Box 1498
Blythewood, SC 29016-0035

The cover letter should provide any other details needed to process the request. It should also state that the information obtained will not be published, redisclosed in any fashion, or used to contact individuals.

South Carolina Department of Motor Vehicles

# Commercial Driver's License (CDL) Holders Medical Certification Requirements

DL-405A
(Rev. 12/16)

**This entire form must be completed by the individual who is applying for an original CDL, or is renewing or upgrading a CDL.**
This form must be completed in black or blue ink.

| CURRENT LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) | | |
|---|---|---|
| DATE OF BIRTH<br>/ / | SOCIAL SECURITY NUMBER<br>- - | DRIVERS LICENSE NUMBER |

**CHECK THE APPROPRIATE BOX FOR THE TYPE OF OPERATION THAT APPLIES TO YOU**
See Frequently Asked Questions (FAQ) for explanations

☐ **NON-EXCEPTED INTERSTATE** *(Required to have a DOT medical card/certificate)* **(NI)** Operates in interstate commerce and meets the qualification requirements under 49 CFR part 391

☐ **EXCEPTED INTERSTATE** *(See FAQ Sheet for list)* **(EI)** Operates in interstate commerce, but engages exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3

☐ **NON-EXCEPTED INTRASTATE** *(18-20 years of age and/or license with an "K" restriction)* **(NA)** Operates only in intrastate commerce and is subject to and meets State driver qualification requirements.

☐ **EXCEPTED INTRASTATE** *(Not applicable in South Carolina)* **(EA)** Operates only in intrastate commerce, but engages exclusively in transportation or operations excepted from State driver qualification requirements.

***I certify under penalty of perjury that all statements above are true and correct.***

SIGNATURE OF APPLICANT _____ DATE _____

If your CDL is current, you may submit this form along with any other documents that apply to you (Medical Examiner's Certificate, Federal Waiver, Skills Performance Evaluation) using one of the following options:

1) Mail this form and copies of medical documents to: **SCDMV - CDL Help Desk**
**PO Box 1498**
**Blythewood, SC 29016-0028**
2) Scan the documents and then email them to: CDLHelpDesk@scdmv.net
3) Fax this form and medical documents to the CDL Help Desk. Fax number is (803) 896-2676
4) Deliver this form and medical documents to your local SCDMV office. A list of office locations and hours can be found on our website www.scdmvonline.com

Please contact the CDL Help Desk at (803) 896-2673 if you have any questions regarding this form.

South Carolina Department of Motor Vehicles

# New Medical Certification Requirements
## A Guide for Commercial Driver's License (CDL) Holders
## Frequently Asked Questions (FAQ)

DL-405A
(FAQ)
(Rev. 12/16)

The following FAQs will help you in determining how to meet the Federal medical certification requirements:

***Q. What must I do to comply with the requirement for making my medical certification part of my CDL driving record?***

**A.** Once DMV has your type of commerce recorded you are not required to complete this form again unless you are:

- changing the type of commerce in which you intend to operate, or
- renewing your CDL, or
- upgrading your CDL

You are required to self-certify to a single type of commercial operation on SCDMV ***Form DL-405A Commercial Driver's License Holders Medical Certification Requirements***. Based on that self-certification, you may need to provide your current medical examiner's certificate and show any variance (Federal Waiver/Skills Performance Evaluation) you may have to obtain or keep your CDL.

***Q. How do I determine which type of commercial motor vehicle (CMV) operation I should self-certify?***

**A.** For the purpose of complying with the new requirements for medical certification, it is important to know how you are using the CMV. To help you decide, follow these steps:

**Step 1:** Do you, or will you, use a CDL to operate a CMV in **interstate** or **intrastate commerce**?

**Interstate commerce is** when you drive a CMV:

- From one State to another State or a foreign country;
- Between two places within a State, but during part of the trip, the CMV crosses into another State or foreign country; **or**
- Between two places within a State, but the cargo is part of a trip that began or will end in another State or foreign country.

**Intrastate commerce** is when you drive a CMV within a State and you do not meet any of the descriptions above for **interstate commerce**.

If you operate in both **intrastate commerce** and **interstate commerce**, you must choose **interstate commerce**.

**In the state of South Carolina, Non-excepted intrastate commerce is applicable only to individuals between 18 and 20 years of age and/or with an "I" restriction on his license.**

**Step 2:** Once you decide you operate or will operate in **interstate commerce** or **intrastate commerce**, you must decide whether you operate (or expect to operate) in a **non-excepted** or **excepted** status. This decision will tell you which of the four types of commerce you must self-certify.

***Interstate Commerce:***

You operate in **excepted interstate commerce** when you drive a CMV in interstate commerce only for the following excepted activities:

- To transport school children and/or school staff between home and school;
- As Federal, State or local government employees;
- To transport human corpses or sick or injured persons;
- Fire truck or rescue vehicle drivers during emergencies and other related activities;

- Primarily in the transportation of propane winter heating fuel when responding to an emergency condition requiring immediate response such as damage to a propane gas system after a storm or flooding;
- In response to a pipeline emergency condition requiring immediate response such as a pipeline leak or rupture;
- In custom harvesting on a farm or to transport farm machinery and supplies used in the custom harvesting operation to and from a farm or to transport custom harvested crops to storage or market;
- Beekeeper in the seasonal transportation of bees;
- Controlled and operated by a farmer, but is not a combination vehicle (power unit and towed unit), and is used to transport agricultural products, farm machinery or farm supplies (no placardable hazardous materials) to and from a farm and within 150 air-miles of the farm;
- As a private motor carrier of passengers for non-business purposes; **or**
- To transport migrant workers.

If you answered yes to one or more of the above activities as the **only** operation in which you drive, you operate in **excepted interstate commerce** and do not need a Federal medical examiner's certificate.

If you answered no to all of the above activities, you operate in **non-excepted interstate commerce** and are required to provide a current medical examiner's certificate (49 CFR 391.45), commonly referred to as a medical certificate. Most CDL holders who drive CMVs in interstate commerce are **non-excepted interstate commerce** drivers.

If you operate in both **excepted interstate commerce** and **non-excepted interstate commerce**, you must choose **non-excepted interstate commerce** to be qualified to operate in both types of interstate commerce.

***Q. How do I self-certify?***

**A.** You may visit any SCDMV field office and complete a form DL-405A (*Commercial Driver's License Holders Medical Certification Requirements)*. The form can also be down loaded from our website www.scdmvonline.com and mailed, faxed or emailed to the CDL Help desk. Depending upon the self-certification you may also need to present a valid DOT medical certificate.

- Mailing Address: SCDMV-CDL Help Desk
  PO Box 1498
  Blythewood SC 29016-0028
- Email Address: cdlhelpdesk@scdmv.net
- Fax: (803) 896-2676

***Q. If I have additional questions, who should I contact?***

**A.** You may contact the SCDMV CDL Help Desk at (803) 896-2673.

South Carolina Department of Motor Vehicles

# Application for a Commercial Driver's License or Commercial Learner's Permit (Class A, B, or C)

447-CDL
(Rev. 02/18)

## STEP 1 - TYPE OF CARD

**A. What type of card do you want?** *(Check one)* ☐ Commercial Learner's Permit ☐ Commercial Driver's License (CDL)

**B. Do you want it to be a REAL ID card?** *(Check one)* ☐ Yes ☐ No

- ***If you select Yes**, you must provide the required documents (if you haven't done so already) and a **gold star** will be printed on your card. Reference the documents required for a REAL ID on Forms MV-93 for US citizens or Form MV-94 for international customers.*
- ***If you select No,** you must complete a Statement of Understanding (Form DL-005A) because your card will have the words **NOT FOR FEDERAL IDENTIFICATION** printed across the front of it. You must also provide the required documents if you do not currently have a valid SC card or you are not a US citizen. Reference the documents required for a standard card (**one** proof of address; proof of identity, date and place of birth; and social security number) on Forms MV-93 for US citizens or Form MV-94 for international customers.*

## STEP 2 - IDENTIFICATION

| Learner's Permit or License Number | Customer Number |
|---|---|
| | |

| Last Name | First Name | Middle Name | Suffix |
|---|---|---|---|
| | | | |

| Residence Address *(Must be your current address of residence and cannot be a P.O. Box)* | County |
|---|---|
| | |

| City or Town | State | Zip Code | Phone Number | Email Address |
|---|---|---|---|---|
| | | | ( ) | |

| Social Security Number* (SSN) | Date of Birth | | | Height | | Weight | Eye Color | Race | Gender | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Month | Day | Year | Feet | Inches | | | | ☐ Male | ☐ Female |
| | | | | | | | | | | |

** Your Social Security number is required for the purposes of identifying you and preparing jury lists pursuant to South Carolina Code of Laws Sections 56-1-90 and 14-7-130. The Driver's Privacy Protection Act of 1994 (DPPA), 18 U S.C. Section 2721,2725, the Family Privacy Protection Act of 2002 (FPPA), 30-2-10 et seq., and Section 56-3-545 of the S.C Code restrict the disclosure of personal information contained in our records.*

**I understand the Department will send mail to the residence address above unless I have specified a special or temporary mailing address below.**

**Complete this section if you want to ADD or DELETE a special and/or temporary mailing address to/from your file.**

**OPTIONAL**

| **Special Mailing Address** - *Optional to have your mail sent to an address different from residence address* | | | County |
|---|---|---|---|
| | | | |

| City or Town | State | Zip Code | Do you want to DELETE a special mailing address now on file? | ☐ Yes |
|---|---|---|---|---|
| | | | | |

| **Temporary Mailing Address** – *Optional to have your mail sent to an address for a limited time period* | | | | Expiration Date |
|---|---|---|---|---|
| | | | | |

| City or Town | State | Zip Code | County | Do you want to DELETE a temporary mailing address now on file? | ☐ Yes |
|---|---|---|---|---|---|
| | | | | | |

## STEP 3 - OPTIONAL

On my card I wish to be designated as being:

☐ **Autistic** – *Must provide a statement that you are medically diagnosed with autism from a physician who is licensed to practice in SC.*

☐ **Veteran** - *Must provide DD-214 (member 2 or 4 copy) that indicates you were honorably discharged.*

## STEP 4 – ORGAN AND TISSUE DONATION

☐ **YES**, I want to be an organ and tissue donor.

☐ **YES**, I wish to donate $5.00, more or less, to Donate Life SC. Amount of donation $ _____.00

***If you are currently registered you must check "YES" to have the red heart reprinted on your license.***

*If you marked "YES," you verify that you have read the organ donor statement below and you authorize the SCDMV to send your personal information to the SC Organ and Tissue Donor Registry. A red heart will be printed on the front of your driver's license.*

***ORGAN DONOR STATEMENT** - If you marked YES that you want to be an organ and tissue donor upon death, your authorization shall serve as a legally binding document as outlined under the South Carolina Uniform Anatomical Gift Act. Except in the case where the donor is under the age of 18, the donation does not require the authorization of any other person. For donors under the age of 18, the legal guardian of the donor shall make the final decision regarding the donation.*

*If you change your decision to authorize in the future or wish to be removed from the SC Organ and Tissue Donor Registry, you can go online to www.DonateLifeSC.org or contact Donate Life SC at 1-87-PASS-IT-ON. You may also have your name removed from the registry by visiting any SCDMV office or www.SCDMVonline.com while completing a credential transaction. SCDMV will assess an administrative fee for the change and there may be a 72 hour delay in removing your name from the SC Organ and Tissue Donor Registry.*

## STEP 5 – VOTER REGISTRATION (check one)

**Do you want to register to vote or update your address with the County Registration Board?** *Must be a United States Citizen and meet requirements to complete a DMV Voter Registration Application.*

☐ **Yes**, I wish to register to vote or update my voter registration address.

☐ **No**, I do not wish to register to vote.

☐ **No**, I am already registered to vote and do not wish to update my voter registration address.

☐ **No**, I am not eligible to register to vote.

## SEX OFFENDER REGISTRY NOTICE

*Section 23-3-460 of the S.C. Code of Laws states that **a person who has been convicted** anywhere of an offense listed in 23-3-430 must register with the county sheriff within 3 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request (www.scstatehouse.gov/code/t23c003.php).*

**STEP 6 QUESTIONS** **You MUST answer the following 17 questions.** Any falsification of information on this application may result in a 60-day disqualification of your CDL and/or result in criminal prosecution under state and federal law.

1. Are you a resident of South Carolina? ☐Yes ☐No
2. Are you a citizen of the United States? ☐Yes ☐No
3. Do you now have or have you ever had a South Carolina identification card, beginner's permit, driver's license, or moped license? If yes, give the number and name if different from number and name given on this application ☐Yes ☐No
   _____
4. Do you now have or have you ever had an identification card, beginner's permit, driver's license, or moped license from another state or country? If yes, list information from last time issued. **State/Country**_____ ☐Yes ☐No
   **License Number** _____ and **Issue Date**_____.
5. Is your beginner's permit, driver's license, moped license, or privilege to drive suspended, cancelled, revoked or disqualified in any state? If yes, where? _____ when last?_____ ☐Yes ☐No
6. Have you recently surrendered your beginner's permit, driver's license, or moped license in court or to a law enforcement officer? If yes, when? _____ Reason _____ ☐Yes ☐No
7. **In the past 12 months**, have you experienced a loss of consciousness, muscular control or seizure? ☐Yes ☐No
8. **In the past six months**, have you experienced a heart attack or heart surgery? ☐Yes ☐No
9. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time? ☐Yes ☐No
10. Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at this time? ☐Yes ☐No
11. Do you have any mental or physical condition preventing you from safely operating a motor vehicle at this time? ☐Yes ☐No
    If yes, please list condition(s): _____
12. Has your doctor recommended you not drive or placed restrictions on your driving at this time? ☐Yes ☐No
    If yes, what are the restrictions? _____
13. I certify that I do not have a driver's license from more than one State or jurisdiction. ☐True ☐False
14. I certify that I have read, understand and meet the qualification requirements under the Federal Rule 49 CFR, Part 391 of the Federal Motor Carrier Safety Administrations rules to operate a commercial vehicle. ☐True ☐False
15. I certify that I am **not subject** to the qualification requirements under the Federal Rule 49 CFR, Part 391 of the Federal Motor Carrier Safety Administrations rules to operate a commercial vehicle. ☐True ☐False
16. Are you subject to any disqualification listed in 383.51 of the Federal Motor Carrier Regulations? ☐Yes ☐No
17. Do you have a valid D.O.T. medical examiner certificate for a Class A, B, or C license? ☐Yes ☐No
    The medical certificate must be updated with DMV before the certificate's expiration date.
    **Issue Date:** _____ **Expiration Date:** _____

**THE FOLLOWING QUESTION MUST ONLY BE ANSWERED IF A SKILLS TEST IS TO BE ADMINISTERED**

18. Is the vehicle being operated on the driving skills test representative of the class for which you are applying and intend to operate? ☐Yes ☐No

**STEP 7 AUTOMOBILE INSURANCE INFORMATION** *Check and complete the statement that applies to you.*

☐ Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period. COMPANY NAME: _____

☐ No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household

**STEP 8 CERTIFICATION** **I CERTIFY** under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I also CERTIFY that I do not have a valid driver's license other than the one(s) reported in questions #3 and #4 on page one and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked or disqualified at the time of this application.

I understand that I am receiving a S.C. credential based on the information provided on this application, and that SCDMV will verify all information. I also understand that if my privilege to drive is ever suspended, cancelled or revoked in South Carolina or any other state, my S.C. license will be revoked until I have met all reinstatement requirements in South Carolina and any other states.

Customer's Printed Name _____ Customer's Signature _____ Date _____

**FOR THE SCDMV USE ONLY**

☐ Exchanging Out-of-State Permit for a SC Permit or License **STATE:** _____ **OOS BP/DL NO:** _____

**Qualifies for a REAL ID Card** ☐Yes ☐No Comments:

**Type:** ☐Duplicate ☐Modified ☐Original ☐Re-exam ☐Reissue ☐Renewal **Class:** ☐A ☐B ☐C and ☐M (Motorcycle)

**Restrictions:** _____ **Endorsements:** _____

**Identification Submitted:** ☐Birth Certificate ☐Passport/Visa ☐SSN ☐Proof of Residency

**Knowledge Test**

Date:_____ ☐Passed ☐Failed Comments:_____
Date:_____ ☐Passed ☐Failed Comments:_____
Date:_____ ☐Passed ☐Failed Comments:_____

**Skills Test**

Date:_____ ☐Passed ☐Failed Comments:_____
Date:_____ ☐Passed ☐Failed Comments:_____
Date:_____ ☐Passed ☐Failed Comments:_____

**Missing Extremities:** ☐No ☐Yes:_____

| Vision | Right | Left | Both |
|---|---|---|---|
| With corrective lens | 20/ | 20/ | 20/ |
| Without corrective lens | 20/ | 20/ | 20/ |

Office Number: _____

Employee Signature:_____

South Carolina Department of Motor Vehicles

# Instructions on Completing an Application for a Commercial Driver's License or Commercial Learner's Permit

447-CDL (IS)
(Rev. 02/18)

**Form 447-CDL is used to enter personal data into the DMV system in order to create a SC state issued class A, B, or C learner's permit or driver's license. The class license defines the type of vehicle(s) you are allowed to operate.**

- **Class A** - Any combination of vehicles with a Gross Combination Weight Rating (GCWR) of 26,001 pounds or more provided the GVWR of the vehicle being towed is in excess of 10,000 pounds.
- **Class B** - Any single unit vehicle with a GVWR of 26,001 pounds or more, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.
- **Class C** - Any single vehicle, or combination of vehicles, that are not Class A or B vehicles, but either designed to transport sixteen or more passengers including the driver, or are placarded for hazardous materials.

***All of the class licenses listed above may also operate a three-wheel vehicle (excluding a two-wheel motorcycle with a side car).***

- **Class M** - two-wheel motorcycles, two-wheel motorcycles with a detachable side car, or three-wheel vehicles.

**Form 447-CDL is a legal document to be completed in its entirety. Please follow these instructions when completing the form.**

**STEP 1** - Check the box for the type of card you want: Commercial Learner's Permit (CLP) or Commercial Driver's License (CDL). Also, check yes if you want it to be a REAL ID card or no if you want it to be a standard card.

**STEP 2** - Personal Information

- Enter your ***Permit or License Number*** as seen on the SC card if you currently hold one. If applying for an original SC card, leave blank and the Customer Service Representative (CSR) will complete.
- Enter your ***Customer Number***, if known. If not known the CSR will enter it.
- Enter ***Last Name, First Name, Middle Name*** as shown on your birth certificate.
- If applicable, enter your ***Suffix***. All suffixes except for "Sr" must have supporting documents.
- Enter ***Current Residence Address***. Cannot be a Post Office Box. This is the address that DMV will send mail to unless a specified special or temporary mailing address is on file.
- Enter ***Current Phone Number***, and enter ***Current Email Address***.
- Enter the ***Social Security Number*** exactly as it appears on the Social Security card.
- Enter your ***Date of Birth*** exactly as it appears on the birth certificate as month-day-year.
- Enter your ***Height*** as feet and inches, and enter your ***Weight*** in pounds.
- Enter your ***Eye Color***: black, blue, brown, dichromatic (two different eye colors), gray, green, hazel, maroon, pink, or unknown.
- Enter your ***Race***
- Check the appropriate box to indicate whether you are a ***Male*** or a ***Female***.

**Optional** - Add or delete special or temporary mailing address

- Enter a ***Special Mailing Address*** if you want us to send mail to an address other than your residence.
- Mark the ***Yes*** box to delete a current special mailing address that is now on file.
- Enter ***Temporary Mailing Address*** and expiration date to have mail sent to a location other than the residence.
- Mark the ***Yes*** box to delete a current temporary mailing address that is now on file.
- Enter the ***Expiration Date*** for the Temporary Mailing Address.

**STEP 3 –** Optional designations

Check each appropriate box and provide the required documentation if you want your record to indicate that you are medically diagnosed with autism; and/or if you want your card to designate that you are a Veteran and/or Hearing Impaired.

**STEP 4** - Opportunity to Donate Organs and Tissue (optional)

Check ***YES*** to have a heart symbol placed on your card designating your desire to be an **organ and tissue donor** and/or to make a monetary donation to Donate Life SC. **IMPORTANT:** ***If you are currently registered as an organ and tissue donor you must check "YES" to have the red heart reprinted on your license.***

**STEP 5** - Opportunity to ***Register to Vote*** or update voter registration address

Check the box that describes your decision in regards to registering to **vote**. In order to vote you must be a US citizen and meet age requirements to complete a DMV Voter Registration Application.

**STEP 6** - ***Questions***

- Check **Yes** or **No** to questions 1 thru 12. These questions pertain to residency, existing licenses, and medical conditions.
- Check True or False to questions 13 thru 15. Reference Federal Regulation Rule 49 CFR, Part 391 for the qualifications required to operate a commercial motor vehicle.
  *http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=391*
- Check **Yes** or **No** to questions 16 and 17. Reference Federal Motor Carrier Regulation 383.51 for a list of violations that would disqualify someone from operating a commercial motor vehicle.
  *http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrruletext.aspx?reg=383.51*
- Check **Yes** or **No** to question 18 only if a skills test is to be administered.

**STEP 7** - ***Automobile Insurance***

Check the **statement about insurance** that applies to you.

**STEP 8** - ***Certification***

Read the statement, then print your name, **sign** and enter **date** the application.

CAROLINA TESTING

*When Results Matter Most…*
**LEAVE THE TESTING TO US.**
www.CarolinaTesting.com

# SERVICE AUTHORIZATION FORM

***Please bring this form and positive photo identification with you the location designated below:***

☐ **CAROLINA TESTING**
1709 HUSTED RD. #2
CONWAY, SC 29526
P: (843)972-3287
conway@carolinatesting.com
Hours: M-F 8a - 5:30p

☐ **CAROLINA TESTING**
2508 HIGHMARKET ST.
GEORGETOWN, SC 29440
P: (843)904-5999
georgetown@carolinatesting.com
Hours: M-F 9:00a - 5:00p

**STUDENT IS RESPONSIBLE FOR PAYMENT AT TIME OF SERVICE**

| | |
|---|---|
| **DOT/CDL Physical:** | **$65** |
| **DOT Pre-Employment Drug Test:** | **$55** |

**EMPLOYER INFO:**
Horry Georgetown Technical College
DER Contact: Kristi Evans
950 Crabtree Lane Bldg 600 Room 630
Myrtle Beach, SC 29577
P: 843-477-2191

**DOT Agency:** FMCSA

**PARTICIPANT INFORMATION:**

**Name:** _____

**Phone:**_____ **DOB:** ___ / ___ / ____

**Authorization Expires:** ___ / ___ / _____

**Authorized By:** _____
Authorized Employer Representative

## SERVICES REQUESTED

| Test Information | DOT Drug Test | Breath Alcohol Test | Physical Exam |
|---|---|---|---|
| Pre-Employment | ☐ | ☐ DOT | ☐ DOT/CDL Physical<br><br>Please call<br>843-972-3287<br>to schedule appointment |
| Random | ☐ | ☐ DOT | |
| Post-Accident | ☐ | ☐ DOT | |
| Reasonable Suspicion | ☐ | ☐ DOT | |
| Return to Duty | ☐* | ☐ DOT | |
| Follow-Up | ☐* | ☐ DOT | |

***DOT regulations require observed collection**

***ALL PHYSICALS ARE BY APPOINTMENT OR WALK-IN***
***Please call 843-972-3287 to schedule appointment.***

**AUTHORIZATION TO RELEASE:**
As the participant undergoing testing, examination or services requested by my employer, I hereby authorize Carolina Drug & Alcohol Testing Services, LLC to release any testing results, medical examination records and any medical recommendations rendered by the medical practitioner to the employer identified on this form. I understand that authorizing the disclosure of protected health information is voluntary. I understand that I can refuse to sign this form. I understand that any disclosure of information carries with it the possibility of unauthorized disclosure by the person/organization receiving this information. I will hold harmless all parties from any unauthorized disclosure of this information.

_____ _____
Signature of Participant Date

**DOT Account**: 37579-98

**ARTUR WILKOSZEWSKI**
Medical Doctor
Certification Date: 5/16/2014
National Registry #: 6515922279
doctors care
1113 Church Street
Conway, SC 29526
843-248-6269
Call for Operation Hours

**REGINA A ROMAN**
Doctor of Osteopathy
Certification Date: 4/15/2014
National Registry #: 9979040421
OCC DOC of South Carolina, P.C.
154B Waccamaw Medical Park Drive
Conway, SC 29526
843-347-5752
**843-347-5756**
Hours: 8-5 Monday through Friday

**ROBERT WILLIAMS**
Doctor of Osteopathy
Certification Date: 6/25/2014
National Registry #: 8161298379
Doctors Care
1113 Church Street
Conway, SC 29526
843-248-6269
Call for Operation Hours

**BRIAN S SCOTT**
Medical Doctor
Certification Date: 4/16/2014
National Registry #: 8259929074
Doctors Care
200 Middleburg Dr.
Myrtle Beach, SC 29579
843-903-6650
**843-903-0758**
Hours: 8-8M-F, 9-5 S,S

**ERIC R. SENN**
Medical Doctor
Certification Date: 6/3/2014
National Registry #: 2794166860
Beach Urgent Care
2510 N. Kings Highway
Myrtle Beach, SC 29577

843-626-2273
Call for Operation Hours

**JAMES M VEST, MD**
Medical Doctor
Certification Date: 4/3/2014
National Registry #: 1553355158
Carolina Forest Family Medicine
4022 Postal Way
Myrtle Beach, SC 29579
843-236-0000
**843-236-2870**
Hours: Mon thru Fri 8am - 5pm and Sat 8am to 12noon

**TIFFANY L MAHAFFEY**
Nurse Practitioner
Certification Date: 6/6/2014
National Registry #: 2753586483
Doctors Care
200 Middleburg Dr
Myrtle Beach, SC 29579
843-903-6500
Call for Operation Hours

**ROBERT E KIMPTON**
Medical Doctor
Certification Date: 4/23/2014
National Registry #: 3504375337
Doctors Care
1068 North Fraser Street
Georgetown, SC 29440
843-545-7200
**843-545-5742**
Call for Operation Hours

**GABRIELLE ARNDT**
Physician Assistant
Certification Date: 5/10/2014
National Registry #: 1552743529
Doctors Care
1068 N Frasier Street
Georgetown, SC 29440
843-545-7200
Call for Operation Hours