



**South Carolina Department of Motor Vehicles**  
**CERTIFICATION OF SCHOOL ATTENDANCE, DRIVER'S**  
**EDUCATION AND DRIVING PRACTICE**

**PDLA**  
(Rev. 5/11)

**Instructions** – All three parts of this form must be completed in black or blue ink (typed or printed except for signatures) and presented at a DMV office when the applicant applies for a conditional or special restricted driver's license.

**Part 1 Certification of School Attendance** *(Must be completed by School Representative or Parent/Legal Guardian if student is home schooled)*

**Please note:** If the applicant is home schooled a copy of one of the following documents must accompany this application:

- Certificate of certification issued by the applicant's school district or home school association.
- Letter of certification issued by the applicant's school district or home school association.

\* A Home school association operating under section 59-65-47 must be listed on SC Department of Education website. A section 59-65-47 association not listed on the website must certify that it meets all standards of section 59-65-47.

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Beginner's Permit Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

As a School Representative, I \_\_\_\_\_ certify, under penalties of  
Full Name

perjury that the above named applicant conforms to South Carolina attendance laws and regulations. The applicant is currently enrolled (or home schooled) in the school named below and is not currently suspended or expelled.

School Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of School Representative

\_\_\_\_\_  
Date

**Part 2 Certification of Driver's Education Course** *(Must be completed by Certified Instructor)*

I, \_\_\_\_\_ certify, under penalties of perjury that the above named applicant has  
Full Name  
successfully completed a driver's education course at the school listed below.

School Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Certification Number

\_\_\_\_\_  
Date

**Part 3 Certification of Driving Practice** *(Must be completed by Parent or a Legal Guardian)*

I, \_\_\_\_\_, driver's license # \_\_\_\_\_ am the  
Full Name

licensed parent of legal guardian of the above named applicant. I certify that the applicant has had a minimum of 40 hours of driving practice, (including 10 during darkness) supervised by a parent or legal guardian. I also certify under penalties of perjury, that all information included in Parts 1 and 2 were legally obtained.

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date