

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

**PDLA** (11/18)

**Instructions:** This form is for minors (16 years of age or younger) who are applying for conditional or special restricted driver's licenses. All three parts of this form must be completed in black or blue ink (typed or printed except for signatures) and presented at an SCDMV office.

Applicant's Legal Name:		
Address:		
Date of Birth: Beginner's P		
Part 1 Certificati  Must be completed by Certified Instruc	on of Driver's Education ctor - Reference SC Code Section	
I,	certify, under penalties c	of perjury that the above named applicant
Legal Name of Instructor  Has successfully completed a driver's education cours	e at the school listed helov	ı
·		•
School Name		
Mailing Address		
Signature of Instructor	Certification Number	Date
	ion of School Attendance	
<ul> <li>Must be completed by School Office Administrator or an individual</li> <li>If the applicant has already completed high school</li> </ul>		
Education Development (GED) Certificate in lieu o		
b) If the applicant is home schooled a copy of one of		
<ul> <li>Certificate of certification issued by the application</li> </ul>		
<ul> <li>Letter of certification issued by the applicant</li> </ul>	i's school district or home s	chool association.
The SC Code of Law in which the home school progra	m operates determines wh	ere the documentation should come from
Home school program is operated under this SC Code		must come from
59-65-40 (OPTION 1)	a district boar	
59-65-45 Alternative home schooling (OPTION 2)		a Association of Independent Home Schools.
59-65-47 Associations for home schools (OPTION 3)		r home schools
,	•	
As a School Office Administrator, I		certify, under
penalties of perjury that the above named applicant co	Legal Name enforms to South Carolina a	ttendance laws and regulations. The
applicant is currently enrolled (or home schooled) in th	e school named below and	is not currently suspended or expelled.
School Name:		
Mailing Address:		
Signature of School Office Administrator	Title of Position at School	
	rtification of Driving Prac	tice
Must be completed by any licensed individual listed in S		
1		
Legal Name of Licensed Individual listed in Section 56-1-100(A)	, am a licensed admo	orized adult of the above named applicant.
		luding 10 during darkness) supervised by a
I certify that the applicant has had a minimum of 40 ho licensed individual listed in Section 56-1-100(A)(1-7). I Parts 1 and 2 were legally obtained.		
Driver's License (DL) Number of License	ensed Authorized Adult State	/Country that issued the DL Expiration Date of DI
Printed Name of Licensed Authorized Adult Signature	e of Licensed Authorized Adult	Date
Printed Name of Minor Applicant Signatur	e of Minor Applicant	