



**South Carolina Department of Motor Vehicles**  
**MONTHLY ACTIVITY REPORT**  
(Reports should be submitted by the 5<sup>th</sup> of the Month)

**DI-43**  
(Rev. 4/13)

**EMAIL, MAIL OR FAX TO:**  
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STUDENTS NAME	PHONE NUMBER	DRIVER LICENSE NUMBER #	DATE STARTED	DATE COMPLETED	TYPE OF TRAINING PROVIDED

Name of School: \_\_\_\_\_ Name of Person completing report: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Total number of Students trained for Month: \_\_\_\_\_ Report for month of: \_\_\_\_\_