



South Carolina Department of Motor Vehicles

THIRD PARTY TESTER PROGRAM ACTIVITY REPORT

DL-304H
(Rev. 9/16)

Name of Third Party Tester:

Name of person completing report: _____ **Date submitted:** _____

- Notification Report** – Complete columns A through E and submit to Compliance Reporting at least 48 hours prior to administering a DMV test. E-mail report to ComplianceReporting@scdmv.net or fax it to (803) 896-8002.

Weekly Report – Complete columns A through K at the close of business Friday. Include every DMV test that was scheduled to be administered by your third party tester program since close of business from the previous Friday. E-mail report to ComplianceReporting@scdmv.net or fax it to (803) 896-8002, or mail it to:
SCDMV – Office of Inspector General, PO Box 1428, Bluffton, SC 29916-0428