

State of South Carolina



Charleston County
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Charleston, SC 29401
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Moncks Corner, SC 29461
Phone (843) 723-3800 ext. 4529
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SCARLETT A. WILSON

Solicitor, Ninth Judicial Circuit

NAME: _____ MAIDEN: _____
(LAST) (FIRST) (MIDDLE) (JR,I, II)

MAILING ADDRESS: _____
STREET ADDRESS

(CITY) (STATE) (ZIP CODE)

SOCIAL SECURITY NUMBER: _____

SEX: _____ RACE: _____ BIRTH DATE: _____

STATE OF BIRTH: _____ AGE: _____

HM/CELL PHONE#: _____ WORK#: _____

DRIVER'S LICENSE #: _____ STATE ISSUED: _____

****HAVE YOU EVER APLIED, BEEN REJECTED, OR PARTICIPATED IN ANY (TEP)
TRAFFIC EDUCATION PROGRAM BEFORE? _____**

****DO YOU HAVE ANY PENDING TICKETS AGAINST YOU AT THIS TIME (?) _____**

****DO YOU HAVE ANY POINTS AGAINST YOUR LICENSE AT THIS TIME (?) _____
IF YES; HOW MANY (?) _____**

TICKET(S) YOU ARE APPLYING TO TEP FOR:

<u>TICKET NUMBER</u>	<u>CHARGE</u>	<u>POLICE DEPARTMENT</u>
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**I DO HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS DOCUMENT IS TRUE
AND ACCURATE. THE \$140.00 INCLUDED IN THE \$280.00 FEE IS NON-REFUNDABLE
AFTER APPLICATION.**

CLIENT SIGNATURE _____

DATE: _____

TEP STAFF _____

DATE: _____