

**Traffic Education Program - TEP**

**Fourth Judicial Circuit**

**William B. Rogers Jr., Solicitor**

Name: \_\_\_\_\_ Maiden/Alias: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Physical/Mailing Address \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Race \_\_\_\_\_ Birth Date: \_\_\_\_\_

State of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell (only 1): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Any Driver's License Points at this Time? \_\_\_\_\_

Do you have a CDL? \_\_\_\_\_ Ticket(s) you are applying to TEP For:

Ticket Number	Charge	Agency

\*\*You will need to provide a copy of the ticket, a copy of your driver's license, and a copy of your social security card with the completed application.\*\*

**I DO HEREBY CERTIFY ALL INFORMATION GIVEN ON THIS DOCUMENT IS TRUE AND ACCURATE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The completed forms may be emailed to [programs@solicitor4.com](mailto:programs@solicitor4.com) or mailed to: **Fourth Circuit Solicitor Office**

**Attn: Programs  
P.O. Box 616  
Bennettsville, SC 29512**