



# South Carolina Department of Motor Vehicles

## APPLICATION TO REPLACE OR SURRENDER PLATE, DECAL, OR REGISTRATION

452  
(Rev. 10/18)

Applications are accepted at SCDMV branches or can be mailed to: S.C. Department of Motor Vehicles, P.O. Box 1498 Blythewood, S.C. 29016-0019

### Section I Name and Address of Registered Owner/Plate Information:

Name \_\_\_\_\_ Residential Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
License Plate No. \_\_\_\_\_ Plate Expiration Month \_\_\_\_\_ Decal Expiration Year \_\_\_\_\_ Golf Cart Permit # \_\_\_\_\_  
Vehicle Identification Number \_\_\_\_\_

### Section II Turn In/Report (check one) License Plate Decal Golf Cart Permit Registration

Suspended  Exchanged for Special Plate  Relinquished Special Plate  Found  Moved out of state  
 Voluntary Turn In  Voluntary Turn In (owner retained plate)  Lost  Other (state reason) \_\_\_\_\_  
 Vehicle Sold Date: \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_  
 Please check if you wish to obtain a receipt.

### Section III I wish to replace (check one) Expiration Year decal Plate Registration

(Required)  I attest that I have not requested or received a refund for vehicle property tax or registration fees for this license plate.  
If your license plate was turned in on a prior date or "other" is marked, additional requirements may be necessary for replacement.

I certify the plate, expiration year decal, or registration was: (check one)  Turned In  Other (state reason) \_\_\_\_\_

Lost  Stolen  Destroyed  Never Received  Defective  Damaged in Mail

### INSURANCE CERTIFICATION (Required if replacing decal or plate.)

Under penalties of perjury, I declare this vehicle is insured with the following company named below and I will maintain liability insurance throughout the registration period.

Insurance Company Name: \_\_\_\_\_

### SECTION IV Removal of Authorized Disabled Individual

I hereby authorize the SC Department of Motor Vehicles to remove the name(s) of the following individual(s) from the Disabled Parking Authorized section of the registration certificate. I am aware that if this is the **only** disabled authorized name listed, I am no longer eligible to maintain a disabled license plate and must surrender the plate to SCDMV immediately and make application for a different plate.

#### Disabled Authorized Individual(s) to be removed:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

### Section V Authorized individual making report or obtaining replacement (If different from registered owner)

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Authorized Individual \_\_\_\_\_

### Section VI I certify all information provided in this application is true and correct. (Registered owner) (Required)

Owner's Printed Name \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### DMV USE ONLY: Do not write below this line

New Plate \_\_\_\_\_ ID Presented \_\_\_\_\_ Office/Clerk \_\_\_\_\_ Date \_\_\_\_\_

DMV Registration Refund Initiated

VISIT OUR WEBSITE AT [WWW.SCDMVONLINE.COM](http://WWW.SCDMVONLINE.COM)