



South Carolina Department of Motor Vehicles
Application for Duplicate Cab Card

3090-A
(Rev. 5/06)

Account # _____ Fleet # _____ Expiration Month _____

Vehicle License Plate # _____ OEN# _____

Year of Manufacture _____

Serial or VIN# _____

Name of Registered Owner _____

Address _____

Mail Duplicate to: _____

Remarks _____

Signature

Date

Instructions:

1. Complete all of the above requested information.
2. Send completed application to this address.
SCDMV
Motor Carrier Services
P.O. Box 1498
Blythewood, SC 29016-0027
3. Enclose check or money order made payable to S.C. Department of Motor Vehicles at the rate of \$1.00 for each duplicate registration card requested. **DO NOT SEND CASH**