



South Carolina Department of Motor Vehicles

APPLICATION FOR SALVAGE/BRANDED CERTIFICATE OF TITLE

Form 400-S
(Est. 9/16)

Mail this application to: SCDMV, Salvage Title Processing, P.O. Box 1498, Blythewood, SC 29016-0044

SECTION A - VEHICLE INFORMATION *Please print or type in black ink only.*

VEHICLE IDENTIFICATION NUMBER	MAKE	YEAR MAKE	MODEL

SECTION B - ODOMETER MILEAGE - NOT REQUIRED IF THE OWNER IS RETAINING THE VEHICLE

FEDERAL AND STATE LAW REQUIRES THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

I STATE THAT THE ODOMETER **NOW** READS _____ (NO TENTHS) AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE **ACTUAL MILEAGE** OF THE VEHICLE DESCRIBED ABOVE **UNLESS** ONE OF THE FOLLOWING STATEMENTS IS CHECKED:

DO NOT CHECK ONE OF THE FOLLOWING UNLESS IT APPLIES.



- EXEMPT.
- I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS (STARTED BACK AT ZERO).
- I CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. **WARNING ODOMETER DISCREPANCY.**

SECTION C - OWNER INFORMATION

NEW PRIMARY OWNER COMPLETE LEGAL NAME (LAST, FIRST, MIDDLE)	SC CUSTOMER NO., DRIVER LICENSE NO., SOC. SEC., OR FEIN	DATE OF BIRTH			
NEW CO-OWNER COMPLETE LEGAL NAME (LAST, FIRST, MIDDLE)	SC CUSTOMER NO., DRIVER LICENSE NO., SOC. SEC., OR FEIN	DATE OF BIRTH			
PRIMARY OWNER'S RESIDENCE STREET ADDRESS (APT. NO. IF APPLICABLE)	CITY	STATE	ZIP CODE	COUNTY	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE	COUNTY	
MAIL TITLE TO: COMPANY'S NAME	ADDRESS	CITY	STATE	ZIP CODE	COUNTY

SECTION D - ADDITIONAL INFORMATION

DATE OF TRANSFER	PRIOR TITLE NUMBER	PRIOR TITLE STATE
THE VEHICLE DESCRIBED ON THIS APPLICATION IS: <input type="checkbox"/> REBUILDABLE <input type="checkbox"/> NON-REBUILDABLE		
THE VEHICLE SUSTAINED THE FOLLOWING DAMAGE: <input type="checkbox"/> COLLISION <input type="checkbox"/> FIRE <input type="checkbox"/> WATER <input type="checkbox"/> STOLEN (RECOVERED) <input type="checkbox"/> STOLEN (UNRECOVERED)		
Calculate the Salvage Percentage:		Predamaged Value \$ _____ Estimate for Repairs \$ _____ Percentage % _____
SALVAGE% _____		
<input type="checkbox"/> CHECK HERE IF THE LIEN ON THE CURRENT TITLE IS TO BE MAINTAINED ON THE SALVAGE TITLE.		
<input type="checkbox"/> CHECK HERE IF THE INSURANCE COMPANY AUTHORIZES THE OWNER TO RETAIN THE VEHICLE.		

SECTION E - SIGNATURE OF OWNER - ATTACH POWER OF ATTORNEY, IF APPLICABLE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I AM THE OWNER OR AUTHORIZED AGENT OF THIS VEHICLE DESCRIBE ABOVE AND REQUEST THAT A **SALVAGE** SOUTH CAROLINA CERTIFICATE OF TITLE BE ISSUED. I FURTHER CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER (S) OR AUTHORIZED AGENT _____ DATE _____

Submit the following, along with this completed application:

- TITLE FEE OF \$15
- PREVIOUS TITLE OR MANUFACTURER'S CERTIFICATE OF ORIGIN PROPERLY ASSIGNED TO THE INSURANCE COMPANY (ASSIGNMENT NOT REQUIRED, IF OWNER-RETAINED)
- POWER OF ATTORNEY FOR AUTHORIZED AGENT

THIS SECTION FOR DMV USE ONLY

BRAND(S): _____

RATE BY: _____