



South Carolina Department of Motor Vehicles
Application for Beginner's Permit, Driver's License, or Identification Card

447-NC
(Rev. 8/17)

(Non-Commercial Credential Classes: D, E, F, G, or M)

Commercial Applicants must complete Form 447-CDL for Class A, B, or C Licenses or Permits

I am applying for a (check any that apply): Beginner's Permit Identification Card Driver's License Moped

If renewing by mail: You may be eligible to renew by mail if you did not renew your driver's license by mail the previous renewal period. Licenses issued to international customers cannot be renewed by mail. If mailing application, be sure to include payment (no cash). See our website for driver license fees (www.scdmvonline.com) or call (803) 896-5000.


BP/ DL/ ID Number		Customer Number				
Last Name		First Name		Middle Name		Suffix
Residence Address (Must be your current address of residence and cannot be a P.O. Box)						County
City or Town		State	Zip Code	Phone Number		Email Address
				()		
Social Security Number* (SSN)	Date of Birth			Height		Weight
	Month	Day	Year	Feet	Inches	
						<input type="checkbox"/> Male <input type="checkbox"/> Female

* Your Social Security number is required for the purposes of identifying you and preparing jury lists pursuant to South Carolina Code of Laws Sections 56-1-90 and 14-7-130. The Driver's Privacy Protection Act of 1994 (DPPA), 18 U.S.C. Section 2721, 2725, the Family Privacy Protection Act of 2002 (FPPA), 30-2-10 et seq., and Section 56-3-545 of the S.C. Code restrict the disclosure of personal information contained in our records.

I understand the SCDMV will send mail to the residence address above unless I have specified a special or temporary mailing address below.

Complete this section if you want to ADD or DELETE a special and/or temporary mailing address to/from your file.

Special Mailing Address – Optional (To have your mail sent to an address different from residence address)					County
City or Town		State	Zip Code	Do you want to DELETE a special mailing address now on file?	
				<input type="checkbox"/> Yes	
Temporary Mailing Address – Optional (To have your mail sent to an address for a limited time period)					Expiration Date
City or Town		State	Zip Code	County	Do you want to DELETE a temporary mailing address now on file?
					<input type="checkbox"/> Yes

	Organ and Tissue Donation	<input type="checkbox"/> YES , I want to be an organ and tissue donor.	Amount of donation \$ _____ .00
		<input type="checkbox"/> YES , I wish to donate \$5.00, more or less, to Donate Life SC.	
Organ Donor Statement - If you marked YES that you want to be an organ and tissue donor upon death, your consent shall serve as a legally binding document as outlined under the SC Uniform Anatomical Gift Act. Except in the case where the donor is under the age of 18, the donation does not require the consent of any other person. For donors under the age of 18, the legal guardian of the donor shall make the final decision regarding the donation.			
If you marked "YES," you verify that you have read the organ donor statement and you consent for the SCDMV to send your personal information to the SC Organ and Tissue Donor Registry. A red heart will be printed on the front of your driver's license. If you are currently registered you must check "YES" to have the red heart reprinted on your license.			
If you change your decision to consent in the future or wish to be removed from the SC Organ and Tissue Donor Registry, you can go online to www.DonateLifeSC.org or contact Donate Life SC at 1-87-PASS-IT-ON. You may also have your name removed from the registry by visiting any SCDMV office or www.SCDMVonline.com while completing a credential transaction. The SCDMV will assess an administrative fee for the change and there may be a 72 hour delay in removing your name from the SC Organ and Tissue Donor Registry.			

Voter Registration	
<small>* Must be a United States Citizen and meet requirements to complete an SCDMV Voter Registration Application.</small>	
Do you want to register to vote or update your address with the County Registration Board? (check one box)	
<input type="checkbox"/> Yes , I wish to register to vote or update my voter registration address.	<input type="checkbox"/> No , I am already registered to vote and do not wish to update my voter registration address.
<input type="checkbox"/> No , I do not wish to register to vote.	<input type="checkbox"/> No , I am not eligible to register to vote.

Sex Offender Registry Notice - SC Code Section 23-3-460 states that a person who has been convicted anywhere of an offense listed in 23-3-430 must register with the county sheriff within 3 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request (www.scstatehouse.gov/code/t23c003.php).

QUESTIONS 1 through 12 MUST BE ANSWERED FOR PERMITS AND LICENSES (only answer questions 1 - 4 for an identification card)

1. Are you a resident of South Carolina? Yes No
2. Are you a citizen of the United States? Yes No
3. Do you now have or have you ever had a South Carolina identification card, beginner's permit, driver's license, or moped license? If yes, give the number and name if different from number and name given on this application Yes No
4. Do you now have or have you ever had an identification card, beginner's permit, driver's license, or moped license from another state or country? If yes, list information from last time issued. **State/Country** _____ Yes No
License Number _____ and **Issue Date** _____
5. Is your beginner's permit, driver's license, moped license, or privilege to drive suspended, cancelled, revoked or disqualified in any state? If yes, where? _____ when last? _____ Yes No
6. Have you recently surrendered your beginner's permit, driver's license, or moped license in court or to a law enforcement officer? If yes, when? _____ Reason _____ Yes No
7. **In the past 12 months**, have you experienced a loss of consciousness, muscular control or seizure? Yes No
8. a) **In the past six months**, have you experienced a heart attack or heart surgery? Yes No
 b) Has your doctor recommended you not drive or placed restrictions on your driving at this time? Yes No
 If the answer to "b" is yes, what are the restrictions? _____
9. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time? Yes No
10. Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at this time? Yes No
11. Do you have any mental or physical condition preventing you from safely operating a motor vehicle at this time? Yes No
 If yes, please list condition(s): _____
12. Has your doctor recommended you not drive or placed restrictions on your driving at this time? Yes No
 If yes, what are the restrictions? _____

Automobile Insurance Information (Check and complete the statement that applies to you.)

- Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period. COMPANY NAME: _____
- No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household.

Consent for Minor - This section and SCDMV form 447-CM must be completed for all applicants under the age of 18. **An emancipated minor** must also submit one of the following as proof of emancipation (Only the original or certified copies will be accepted):

Court Order Certificate of Marriage Active Military Orders

I consent to the issuance of a beginner's permit and/or driver's license. I accept responsibility for the actions of the minor applicant as outlined in SC Code Section 56-1-110. To be released from this responsibility before the applicant reaches age 18, I understand that I must submit a written request for release to the SCDMV to have this application and the applicant's beginner's permit or driver's license cancelled.

Relationship to Minor Applicant	Printed Name	Signature	Date
Father's Name (print)	Address	ID/ DL Number	Phone Number
Mother's Name (print)	Address	ID/ DL Number	Phone Number

I **certify** under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I also certify that I do not have a valid driver's license other than the one(s) reported in questions #3 and #4 above and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked or disqualified at the time of this application.

I understand that I am receiving an SC credential based on the information provided on this application, and that the SCDMV will verify all information. I also understand that if my privilege to drive is ever suspended, cancelled or revoked in SC or any other state, my SC license will be revoked until I have met all reinstatement requirements in SC and any other states.

Applicant's Printed Name _____ Applicant's Signature _____ Date _____

For the SCDMV Use Only

Exchanging Out-of-State Permit for a SC Permit or License **State:** _____ **OOS BP/DL NO.:** _____

Type: Duplicate Modified Original Provisional Re-exam Reissue Renewal Route Restricted Temporary Alcohol

Class: D E F G (Moped) ID M (Motorcycle) **Restrictions:** _____

Identification Submitted: Birth Certificate Passport/Visa SSN Proof of Residency

Knowledge Test

Date: _____ Passed Failed Comments: _____

Date: _____ Passed Failed Comments: _____

Date: _____ Passed Failed Comments: _____

Skills Test

Date: _____ Passed Failed Comments: _____

Date: _____ Passed Failed Comments: _____

Date: _____ Passed Failed Comments: _____

Hearing Impaired:	<input type="checkbox"/> Deaf <input type="checkbox"/> Poor <input type="checkbox"/> Good		
Missing Extremities:	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____		
Vision	Right	Left	Both
With corrective lens	20/	20/	20/
Without corrective lens	20/	20/	20/
Office Number: _____			
Employee Signature: _____			



South Carolina Department of Motor Vehicles
**Instructions on Completing an Application for a Beginner's
Permit, Driver's License or Identification Card (Non-Commercial)**

447-NC (IS)
(Rev. 8/17)

Form 447-NC is used to enter personal data into the SCDMV system in order to create an SC state issued credential. The class license defines the type of vehicle(s) you are allowed to operate.

- **Class D** license permits you to operate non-commercial passenger vehicles, such as cars and trucks, which do not exceed 26,000 pounds gross vehicle weight.
- **Class E** license permits you to operate non-commercial, single unit vehicles that exceed 26,000 pounds gross vehicle weight such as a truck or motor home.
- **Class F** license permits you to operate non-commercial, combination vehicles that exceed 26,000 pounds gross vehicle weight.

All of the class licenses listed above may also operate mopeds and three-wheel vehicles (excluding two-wheel motorcycles with side cars)

- **Class G** license permits you to only operate mopeds as defined by SC Code Section 56-1-1710.
- **Class M** license permits you to operate two-wheel motorcycles, two-wheel motorcycles with a detachable side car, three-wheel vehicles and mopeds.

Form 447-NC is a legal document to be completed in its entirety. Please follow these instructions when completing the form.

Personal Information

- Check the box for the type of credential you are applying for (BP, ID, DL, or moped).
- Enter your **credential number** as seen on the SC credential if you currently hold one. If applying for an original SC credential, leave blank and the Customer Service Representative (CSR) will complete this field.
- Enter your **customer number**, if known. If not known the CSR will enter it.
- Enter your **last name, first name, and middle name** as shown on your birth certificate.
- If applicable, enter your **suffix**. All suffixes except for "Sr" must have supporting documents.
- Enter your **current residence address**. It cannot be a Post Office Box. This is the address that the SCDMV will send mail to unless a specified special or temporary mailing address is on file.
- Enter your **current phone number**, and enter your current email address.
- Enter your **social security number** exactly as it appears on your social security card.
- Enter your **date of birth** exactly as it appears on the birth certificate as month-day-year.
- Enter your **height** as feet and inches, and enter your **weight** in pounds.
- Enter your **eye color**: black, blue, brown, dichromatic (two different eye colors), gray, green, hazel, maroon, pink, or unknown.
- Enter your **race**
- Check the appropriate box to indicate whether you are a **male** or a **female**.

Add or Delete Special or Temporary Mailing Address (Optional)

- Enter a special mailing address if you want us to send mail to an address other than your residence.
- Mark the Yes box to delete a current special mailing address that is now on file.
- Enter a temporary mailing address and expiration date if you want us to send mail to a location other than your residence.
- Mark the Yes box to delete a current temporary mailing address that is now on file.
- Enter the expiration date for the temporary mailing address, if applicable.

Opportunity to Donate Organs and Tissue (Optional)

Check YES if you want a heart symbol placed on your credential designating your desire to be an organ and tissue donor and/or to make a monetary donation to Donate Life SC.

Opportunity to Register to Vote or Update Voter Registration Address

Check the box that describes your decision in regards to registering to **vote**. In order to vote you must be a US citizen and meet age requirements to complete an SCDMV Voter Registration Application.

Yes/ No Questions (If applying for an identification card, only complete questions 1 thru 4)

Check Yes or No to questions 1 thru 12. These questions pertain to residency, existing licenses, and medical conditions.

Automobile Insurance (Do not complete if applying for an identification card)

Check the **statement about insurance** that applies to you.

Consent for Minor to Receive a Beginner's Permit or Driver's License

If you are 17 years of age or younger, have an adult sign this section, and complete the Consent for Minor form (447-CM).

Print Name, Sign and Date

Read the statement, then print your name, sign and date the application.