



South Carolina Department of Motor Vehicles
COUNTY APPLICATION/RECEIPT FOR 45-DAY TEMPORARY PLATES

45-CR
(Rev. 1/11)

Date: _____, 20_____

County Name: _____ County Code: _____

Mailing Address: _____
(Physical address only. Cannot be a Post Office Box)

City: _____ State: _____ Zip Code: _____

Number of Temporary Vehicle Plates: _____ @ \$0.45 ea. = _____
(Must order a minimum of 100 Plates)

Number of Temporary Motorcycle Plates: _____ @ \$0.45 ea. = _____
(Must order a minimum of 25 Plates)

County Contact Person: _____ Telephone Number: _____

Signature

THIS SPACE FOR DMV USE ONLY

Received Check Number: _____ Date: _____

Received By: _____

**Make checks payable to South Carolina Department of Motor Vehicles.*

Mail your application and check to:
S.C. Department of Motor Vehicles
Attention: Audit and Review
45 Day Temporary Plates
P.O. Box 1029
10311 Wilson Blvd, Building C
Blythewood, S.C. 29016-0012