



# South Carolina Department of Motor Vehicles

## Business Customer Merge Request

**CM-006A**  
(Est. 11/13)

Complete this form when the business name and/or address changes and all vehicle records will be merged with the new business name and location.

**Please check the appropriate box:**

Business Name Change     Business Address Change    Housed/Garaged Address Change

**NOTES**

- A business name change request must be submitted on the company's letterhead. The authorized personnel signature and contact number are required. Example: President, CEO, etc.
- The department may request additional information from the business to validate the merging of the businesses name and/or addresses. The department may require a list of the business' vehicle information.
- Housed/Garaged Address – A listing of the Vehicle Identification Number (VIN) along with the Housed/Garaged Address location must be provided for each VIN. The VIN information will verify where the vehicles county taxes will be paid.

**COMPANY INFORMATION**

Provide the company's FEIN \_\_\_\_\_

If you are a Sole Proprietor, please provide the last four digits of your Social Security Number   XXX-XX-  

**SECTION A: Provide the name(s) of the old business.**

Business Name 1 \_\_\_\_\_

Business Name 2 \_\_\_\_\_

Business Name 3 \_\_\_\_\_

Business Name 4 \_\_\_\_\_

Business Name 5 \_\_\_\_\_

Business Name 6 \_\_\_\_\_

Business Name 7 \_\_\_\_\_

Business Name 8 \_\_\_\_\_

Business Name 9 \_\_\_\_\_

Business Name 10 \_\_\_\_\_

**SECTION B: Provide any abbreviations(s) of the business names.**

Business Name 1 \_\_\_\_\_

Business Name 2 \_\_\_\_\_

Business Name 3 \_\_\_\_\_

Business Name 4 \_\_\_\_\_

Business Name 5 \_\_\_\_\_

Business Name 6 \_\_\_\_\_

Business Name 7 \_\_\_\_\_

Business Name 8 \_\_\_\_\_

Business Name 9 \_\_\_\_\_

Business Name 10 \_\_\_\_\_



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### SECTION C: Provide the old business address for each location.

Business Location 1	_____
Business Location 2	_____
Business Location 3	_____
Business Location 4	_____
Business Location 5	_____
Business Location 6	_____
Business Location 7	_____
Business Location 8	_____
Business Location 9	_____
Business Location 10	_____

### SECTION D: Provide the new business address for each location.

Business Location 1	_____
Business Location 2	_____
Business Location 3	_____
Business Location 4	_____
Business Location 5	_____
Business Location 6	_____
Business Location 7	_____
Business Location 8	_____
Business Location 9	_____
Business Location 10	_____

**Please fax this completed form to the  
SC DMV Data Quality Unit at (803) 896-1919 or (803) 896-1205.**