



# South Carolina Department of Motor Vehicles Affidavit of Previous Driver's License

DL - 402  
(Rev. 5/17)

To be completed by all CDL applicants  
(list both non-commercial and commercial licenses)

I, \_\_\_\_\_ have held a driver's license(s)  
in the state(s) listed below within the past ten (10) years.

STATE	DRIVER'S LICENSE NUMBER	NAME LISTED WITH STATE (Last, First, Middle, Suffix)

**SWORN STATEMENT**

I hereby certify that the information I have provided is true, accurate, and complete under penalty of perjury in accordance with SC Code Section 16-9-10.

South Carolina Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_

Print your name: \_\_\_\_\_

Signature of SCDMV Employee: \_\_\_\_\_

SCDMV Office Name: \_\_\_\_\_ SCDMV Office Number: \_\_\_\_\_

Date: \_\_\_\_\_

**This form is to be scanned and is part of the official driver record.**  
original copy – send with form 447-CDL to Scanning: carbon copy or photocopy – send to CDL Help Desk