



South Carolina Department of Motor Vehicles

Application for License as Motor Vehicle Transporter

DLA-3
(Rev. 11/17)

DMV USE ONLY

Date of Issue _____	Transporter Plates Assigned		
Office Number _____	No. _____	No. _____	No. _____
Specialist's Code _____	No. _____	No. _____	No. _____

I am applying for this license to engage in the business of limited operation of motor vehicles, to facilitate the manufacture or constructions of cabs or bodies or the foreclosure or repossession of such motor vehicles, pursuant to the provisions of Section 56-3-2350, 1976 Code of Laws, as and if amended.

Name of Business _____	FEE SCHEDULE 20 _____ Transporter License Fee \$50.00 _____ Transporter Plate(s) @ \$10.00 per plate _____ Total _____ Transporter Permit No. _____
Street Address (business location) _____	
Mailing Address (if different from location) _____	
Telephone Number of Business _____	
Indicate principal nature of business, i.e. whether construction of cabs or bodies or foreclosure or repossession of such vehicles: _____ _____ _____ _____	

Name of Liability Insurance Company _____

Policy Number _____ Effective Dates _____ to _____

Name of Policyholder _____

Name of Agency/Agent _____ Phone _____

Check One: Is the location address above a commercial establishment or a residence?

Was the business a licensed transporter during the year of 20 _____ Yes No If yes, give permit no. _____

If the answer to the above question is yes, indicate the number of transporter license plates issued to business: _____

Indicate or attach a list with the name/s and drivers license number/s of all your employees. Only the employees listed may utilize your transporter plates.

How many transporter license plates are you applying for with this application? _____

Is this business financially backed by another individual, dealer, or company? _____

If the answer is yes, please give details: _____

(continued on reverse side)



South Carolina Department of Motor Vehicles

Application for License as Motor Vehicle Transporter

DLA-3
(Rev. 11/17)

Does transporter financially back any license motor vehicle dealer or transporter? If yes, give the a) name and address of the dealership and b) the name of the owner:

List the names and address of the actual owners of the applicant's business. (Any person who has at least 10% ownership in the business):

Has the business or any of its owners, sales personnel, or agents had any claims or official charges made against it for unfair deceptive trade practices? If yes, give details:

Has the applicant, owners, or agents been licensed in any other state as a motor vehicle transporter? _____

If so, give the name of the business, address, the date the business was in operations, and indicate whether any claims or charges of unfair or deceptive trade practices were brought against these individuals or entities.

Has the owner, applicant, or agent ever been convicted of any offense involving any motor vehicle registration or auto theft? _____

If yes, give details: _____

Has the transporter license or transporter plates of this business (or any official or employee of this business) ever been suspended, revoked, or subject to suspension or revocation? _____ If the answer is yes, please give details below:

State of _____ County of _____

I certify that I am the owner, partner, or corporate officer of the business named on this application and that all of the above information is true and correct. I further understand that false responses to these questions may result in denial, suspension, or revocation of the motor vehicle transporter license being sought and may subject me to prosecution for perjury and other criminal offenses. I further certify that I am authorized to apply for the license and to supply the information on behalf of the applicant.

Signature of Applicant

CERTIFICATION OF INSPECTION

This is to certify that I, the undersigned, a duly appointed agent of the South Carolina Department of Motor Vehicles, have reviewed this application and have made a personal investigation of the facilities and location as described heron; and in my opinion, the said individual(s) or corporation maintain an established place of business of construction cabs or bodies or foreclosing or repossessing vehicles as set forth in Section 56-3-2350 of the 1976 Code of Laws.

Signature of Agent

NOTE: This application, upon completion must be reviewed and signed by an authorized agent of the South Carolina Department of Motor Vehicles, prior to applying for a Transporter License. If space provided for answers is insufficient, please reply on a separate sheet of paper and attach as part of the application.