



South Carolina Department of Motor Vehicles

Individual Customer Application

EVR-1
(Rev. 09/07)

DMV DATA QUALITY USE ONLY

DMV Customer Number associated with the below information _____

The information below has been data-captured: Yes No Specialist Initials _____ Review Clerk _____

Trouble Ticket # _____ Date Received (MM-DD-YY): ____ - ____ - ____ Date Completed and Returned (MM-DD-YY): ____ - ____ - ____

Comment: _____

1. REQUEST: 1st Request OR Follow up Request in response to Email Fax Trouble Ticket # _____

2. DEALERSHIP INFORMATION Date submitted to the DMV (MM-DD-YY) ____ - ____ - ____

Dealership Name _____

DMV Dealer Number _____ Fax # (____) ____ - ____ Telephone # (____) ____ - ____

Contact Name _____

E-Mail Address _____

3. CUSTOMER INFORMATION

a) Does the customer have a SC Driver's License? Yes No

b) SC Credential (DL, BP, ID) Number : _____

c) Does the customer have an Out-of-State (OOS) Driver's License? Yes No

d) OOS Credential (DL, BP, ID) Number: _____ State _____

e) Customer Number (Found on existing vehicle registration card or title): _____

4. CUSTOMER FULL LEGAL NAME

Last Name _____ First _____ Middle _____ Suffix _____

Former name used at DMV _____

Date of Birth (MM-DD-YY) ____ - ____ - ____ Last four digits of customer's Social Security # _____

Previous SC Street Address _____

City _____ Zip _____

CUSTOMER ADDRESS INFORMATION

5. PHYSICAL ADDRESS **MANDATORY** (Residence address, not P.O. Box)

Street _____

City _____ State _____ Zip _____

County Code/Name ____ / ____ Country _____

6. SPECIAL MAILING ADDRESS (If a customer's mailing address is different from their physical address)

Street or PO Box _____

City _____ State _____ Zip _____

County Code/Name ____ / ____ Country _____

7. TEMPORARY ADDRESS (If applicable, address customer will receive their mail on a temporary basis)

Street or PO Box _____

City _____ State _____ Zip _____

County Code/Name ____ / ____ Country _____

Expiration Date (MM-DD-YY) ____ - ____ - ____

By completing this document I hereby certify that all information contained herein to be true and correct and these changes are being made without fraudulent purpose or intent. DMV Form 4057 must be completed for any name or address changes.

Signature _____