



South Carolina Department of Motor Vehicles
ELECTRONIC VEHICLE REGISTRATION
AUTO DEALER/BUSINESS PARTNER APPLICATION

EVR-3
(Rev. 4/15)

NOTE: Form must be completed in its entirety. If space provided is insufficient, please reply on a separate sheet of paper and attach as part of the application.

SECTION I. BUSINESS INFORMATION

Date: _____			<input type="checkbox"/> First Time Application	<input type="checkbox"/> Change Service Provider
Dealer Number/Business Partner FEIN: _____				
Name of Dealership/Business Partner: _____				
Physical Address for Dealership: _____				
City: _____		State: _____	Zip Code: _____	
Telephone Number: () - _____				
Mailing Address: _____				
City: _____		State: _____	Zip Code: _____	

SECTION II. OWNER/PRINCIPAL INFORMATION

1. Dealership/Business Partner Name (signer of the contract): _____
2. Name of Contact Person (person communicating with SCDMV): _____
3. Contact Person Telephone Number: _____
4. Contact Person Email Address: _____
5. Current Service Provider: _____

Owner/Principal Signature

Date

<p>Mail to: South Carolina Department of Motor Vehicles EVRT QA Coordinator P.O. Box 1498 Blythewood, South Carolina 29016-0055</p>
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