



**South Carolina Department of Motor Vehicles**  
**AGENT AUTHORIZATION FOR TITLE PICK UP**

**MV-80**  
(Rev. 2/16)

Please complete the following information in detail and return to your local DMV office. Copies of this form will be maintained in the field office. The owner's authorization is not required for a lien holder to pick up the title(s) if the lien is listed on the vehicle.

COMPANY'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ EXTENSION: \_\_\_\_\_

The following person has authorization to pick up a certificate of title for the above named company in lieu of having them mailed pursuant to 56-19-340. This authority will remain in effect until revoked in writing.

Name of Person Authorized to Receive Certificates of Title:

\_\_\_\_\_/\_\_\_\_\_  
Printed Name Driver License or ID Number State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Agent Giving Authorization

\_\_\_\_\_/\_\_\_\_\_  
Agent's Title Date