



# South Carolina Department of Motor Vehicles

## Application for the Hearing Impaired

**RG-004A**  
(Rev. 9/14)

South Carolina Code of Law §56-1-205 and 56-3-1920 allows a person who has been certified with uncorrectable hearing loss of 40 decibels or more in one or both ears to obtain a special hearing impaired restriction (Y) along with outside mirror restriction (J) on his or her driver's license/beginner's permit and/or a hearing impaired placard. This placard and/or driver's license/beginner's permit restriction is to alert law enforcement and others to the driver's condition and **NOT** for special parking privileges. Limit one (1) placard per applicant. To apply for the restriction and/or the placard, the person must have a current driver's license/beginner's permit and the physician's statement completed below certifying the hearing loss. (**NOTE:** A physician's statement is not required for a replacement or renewal.) For answers to additional questions, call (803) 896-5000.

<b>SECTION 1 – Check One Option</b>		
<b>Option A</b>	<b>Option B</b>	<b>Option C</b>
<input type="checkbox"/> Placard (By mail <b>ONLY</b> )	<input type="checkbox"/> Driver's License/Beginner's Permit (Does not apply toward IDs or CDLs)	<input type="checkbox"/> Placard <b>AND</b> Driver's License/Beginner's Permit restrictions
<b>Explanation</b>	<b>Explanation</b>	<b>Explanation</b>
I would only like to obtain a hearing impaired placard.	I would only like to add the <b>Hearing Impaired</b> restriction (Y) along with <b>Outside Mirror</b> restriction (J) to my Driver's License/Beginner's Permit.	I would like to obtain a hearing impaired placard <b>AND</b> add the hearing impaired and outside mirror restrictions.
<b>Instructions</b>	<b>Instructions</b>	<b>Instructions</b>
1) Check one of the following: <input type="checkbox"/> Original <input type="checkbox"/> Replacement <input type="checkbox"/> Renewal  <b>NOTE:</b> A physician statement (SECTION 3) is not required for a replacement or renewal.  2) Mail the completed application along with a check or money order in the amount of \$5.00 ( <b>NO CASH ACCEPTED</b> ) payable to SCDMV at the following address:  <b>SC Department of Motor Vehicles</b> <b>P. O. Box 1498</b> <b>Blythewood, SC 29016-0019</b>	1) Take the completed application into a DMV field office to have the restrictions added to your driver's license or beginner's permit. 2) Complete Form 447 Application for S.C. Credential 3) Surrender your current credential to the DMV field office. 4) Pay the applicable fee for the credential. <ul style="list-style-type: none"> <li>• \$10.00 to modify current credential</li> <li>• \$25.00 to renew a 10 year credential (vision screening required)</li> <li>• \$12.50 to renew a 5 year credential (vision screening required)</li> </ul>	1) Take the completed application into a DMV field office to have the restrictions added to your driver's license or beginner's permit. 2) Complete Form 447 Application for S.C. Credential 3) Surrender your current credential to the DMV field office. 4) Pay the applicable fee for the credential in addition to \$5.00 for the placard. ( <b>Placard fee must be separate</b> ) <ul style="list-style-type: none"> <li>• \$10.00 to modify current credential</li> <li>• \$25.00 to renew a 10 year credential (vision screening required)</li> <li>• \$12.50 to renew a 5 year credential (vision screening required)</li> </ul> 5) You will receive the license before you leave the field office. The field office will forward the application to the headquarters office in Blythewood and the placard will be mailed to you.

<b>SECTION 2 – Customer Information</b>			
Last Name	First Name	Middle name	Date of Birth (MM/DD/YYYY)
Physical SC Address		City	State      Zip Code
Mailing Address (if different from above)		City	State      Zip Code
SC Driver's License or Beginner's Permit		Customer # (if known)	Daytime Phone Number
Email Address			

<input type="checkbox"/> Yes, I wish to donate \$5.00, more or less, to Donate Life S.C.	Amount of donation    \$ ____ .00
<b>I certify that the above information is true and correct.</b>	
Signature of Applicant _____	Print Name of Applicant _____

<b>SECTION 3 – Physician's Statement</b> (To be completed by a licensed physician.)		
I certify that the applicant has a permanent, uncorrectable hearing loss of forty decibels or more in one or both ears and that I am a licensed physician.		
Signature of Physician _____	Print Name of Physician _____	Date _____
Professional License No. _____	Office Phone Number (      ) _____	

<b>DMV USE ONLY</b>				
Check No. _____	Amount _____	Placard No. _____	CSRs Initials _____	<input type="checkbox"/> Physician's Statement on File