



South Carolina Department of Motor Vehicles

Application for the Hearing Impaired

RG-004A
(Rev. 3/18)

South Carolina Code of Law §56-1-205 and 56-3-1920 allows an individual 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 or 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.

SECTION 1 – Check One Option		
Option A	Option B	Option C
<input type="checkbox"/> Placard (By mail ONLY)	<input type="checkbox"/> Driver's License/Beginner's Permit (Does not apply toward IDs or CDLs)	<input type="checkbox"/> Placard AND Driver's License/Beginner's Permit restrictions
Explanation	Explanation	Explanation
I would only like to obtain a hearing impaired placard.	I would only like to add the Hearing Impaired restriction (Y) along with Outside Mirror restriction (J) to my Driver's License/Beginner's Permit.	I would like to obtain a hearing impaired placard AND add the hearing impaired and outside mirror restrictions.
Instructions	Instructions	Instructions
1) Check one of the following: <input type="checkbox"/> Original <input type="checkbox"/> Replacement <input type="checkbox"/> Renewal NOTE: 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 (NO CASH ACCEPTED) payable to SCDMV at the following address: SC Department of Motor Vehicles P. O. Box 1498 Blythewood, SC 29016-0019	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-NC Application for Beginner's Permit, Driver's License or Identification Card. 3) Surrender your current credential to the DMV field office. 4) Pay the applicable fee to renew or modify your credential.	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-NC Application for Beginner's Permit, Driver's License or Identification Card. 3) Surrender your current credential to the DMV field office. 4) Pay the applicable fee to modify or renew your credential in addition to \$5.00 for the placard. (Placard fee must be separate) 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.

SECTION 2 – Customer Information			
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			

Yes, I wish to donate \$5.00, more or less, to Donate Life S.C. Amount of donation \$ ____ .00

I certify that the above information is true and correct.

Signature of Applicant _____ Print Name of Applicant _____

SECTION 3 – Physician's Statement *(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 _____

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