



South Carolina Department of Motor Vehicles

Application for Placard and/or License Plate for People who have a Disability

RG-007A
(Rev 11/18)

Section 1 – Check type of transaction

Original Renewal Replacement – Prior Plate/Placard No. _____ Add Parking Authorized (\$1.00)

LICENSE PLATE Passenger Vehicle (\$20.00) Motorcycle (\$10.00)

Purple Heart Wheelchair (Must also meet requirements for Purple Heart; No fee – Permanent Plate) Veteran Wheelchair (Must also meet requirements for Veteran)

Veteran Wheelchair (HV) (Must also meet requirements for Veteran who has a disability; No fee – Permanent Plate)

PLACARD - \$1.00 Limit 1 per applicant. Applicant must have a SCDL, BP or ID photo on file with SCDMV.

Temporary (impairment must be at least 4 months not to exceed 1 year) Permanent (valid for 4 years)

Placard Registration Certificate must remain in the vehicle when the placard is being used.

DECAL (For display on Purple Heart motorcycle, Veteran who has a disability motorcycle, and World War II plates **only**)

Applications are accepted at SCDMV branches or can be mailed along with a check or money order (no cash accepted) payable to the SCDMV:

SC Department of Motor Vehicles, PO Box 1498, Blythewood, SC 29016-0019

Warning: A person who duplicates, forges, or sells a placard or a person who falsifies information on an application form for a placard or plate is guilty of a misdemeanor and, upon conviction, must be imprisoned for 30 days and fined not less than \$500 and not more than \$1,000.

Section 2 – Person's Information – Required for Placard or Plate (indicates optional information)**

Last Name: _____ First Name: _____ Middle Name: _____

Residential Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

All correspondence will be mailed to the address of the applicant.

City: _____ State: _____ Zip Code: _____

(Area Code) Telephone Number:** _____ Person's SC Driver License, BP, or ID Number: _____

Date of Birth:** _____ **Social Security No. :**** _____ **Email Address:**** _____

I certify that this information is true and correct.

Signature of Person _____ Printed Name of Person _____ Date _____

Section 3 – Vehicle Information – Required for Plate Only

Gross Vehicle Weight: _____

Vehicle Identification Number: _____ Make: _____ Year: _____ Current Vehicle Plate Number: _____

Owners Information
Last Name _____ First Name _____ Middle Name _____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____ Email:** _____

(Area Code) Telephone Number:** _____ SC Driver's License, BP or ID _____

YES, I wish to donate \$5.00, more or less, to Donate Life SC. Amount of donation \$____.00

INSURANCE CERTIFICATION
Under penalties of perjury, I declare this vehicle is insured with _____ and I will maintain liability insurance throughout the registration period.
(Insurance Company)

Signature of Vehicle Owner _____ Printed Name of Vehicle Owner _____ Date _____

Section 4 – Physician's Statement

A licensed physician or an Advanced Practice Registered Nurse (APRN) must complete this portion of the application and must indicate the disability and length of disability. APRNs are nurse practitioners, certified nurse-midwives, clinical nurse specialists, and certified registered nurse anesthetists.

APPLICANTS WHO HAVE A DISABILITY MUST BE CERTIFIED BY A LICENSED PHYSICIAN OR AN APRN.

This is to certify that _____ has the following condition(s):

Name of Applicant (Please Print) _____ Date of Birth _____

- an inability to ordinarily walk one hundred feet nonstop without aggravating an existing medical condition, including the increase of pain;
- an inability to ordinarily walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
- a restriction by lung disease to the extent that the person's forced expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest;
- requires use of portable oxygen;
- a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards established by the American Heart Association. If the person's status improves to a higher level, for example as a result of bypass surgery or transplantation, he no longer meets this criteria;
- a substantial limitation in the ability to walk due to an arthritic, neurological, or orthopedic condition, for example, coordination problems and muscle spasticity due to conditions that include Parkinson's disease, cerebral palsy, or multiple sclerosis; or
- blindness.

This disability is: Permanent Temporary – length of time _____ Physician Office Phone Number: _____
(impairment must be at least for 4 months not to exceed 1 year)

I certify that I am: a licensed Physician an APRN Professional License No. _____

Print Name of Physician or APRN _____ Signature of Physician or APRN _____ Date _____

Check No. _____	Amount _____	Plate No. _____	Placard No. _____	Specialist Initials _____	DMV USE ONLY
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South Carolina Department of Motor Vehicles

Application for Placard and/or License Plate for People who have a Disability

RG-007A
(Rev 11/18)

Instructions for completing the Application for Placard and/or License Plate for People Who Have a Disability (RG-007A and RG-007B)

LICENSE PLATES

Individual

Plates are available to people, or their immediate family members, who a licensed physician or Advanced Practice Registered Nurse (APRN) have certified as having a permanent disability for vehicles registered to the person who has a disability or an immediate family member with the same address. APRNs are nurse practitioners, certified nurse-midwives, clinical nurse specialists, and certified registered nurse anesthetists. A registration certificate, which lists the name of the person who has a disability, will be issued with each plate and must be maintained in the applicable vehicle. The plate fee is \$20.00.

Business/Organization

Businesses or organizations that, as a part of their business, routinely transport people who have a disability may be issued plates for vehicles of special design, equipped to transport certified people who have a disability, and registered in the name of the business organization. To obtain plates for an institution, a representative for the institution should complete the application for an Organization Placard and License Plate for People Who Have a Disability (SCDMV Form RG-007B). A physician or an ARPN's certification is not required.

PLACARDS

Individual

Placards are available to people who a licensed physician or an ARPN have certified as having a disability. To apply, you must have a current driver's license, beginner's permit, or identification card photo on file with the SCDMV. If a photo is not on file, you must apply for one before a placard can be issued. A registration certificate will be issued with each placard and must remain with the person who has a disability when the placard is used. The placard fee is \$1.00 and only one placard may be issued per applicant.

Business/Organization

Permanent placards may be issued to organizations that transport people who have a disability. Only one placard may be issued for each vehicle registered in the name of the organization. The organization must submit a completed Organization Placard and License Plate for People who have a Disability (SCDMV Form RG-007B). The fee is \$1.00 per placard and is limited to the number of registered vehicles.

RG-007A Application for Placard and/or License Plate for People Who Have a Disability (Individual)

Complete a separate application form for each person who has a disability.

Section 1 - Check type of transaction

All applicants must complete this section.

- Check One:
- Original – For first-time applicants
 - Renewal – To renew placard or license plate
 - Replacement – To replace a lost, stolen or destroyed plate or placard and certificate
 - Add Person who has a disability – To add the name of an individual who has a disability to the Registration Certificate (\$1.00)
 - License Plate – To apply for a wheelchair license plate. Purple Heart Wheelchair (applicants must meet requirements for Purple Heart).
 - Veterans who have a disability (applicants must meet requirements for Veteran who has a disability) Choose type (Passenger Vehicle or Motorcycle)
 - Placard – To apply for a placard. Indicate if placard is temporary or permanent
 - Wheelchair Decal – For display on Purple Heart motorcycle, Veteran who has a disability motorcycle, Veteran Motorcycle, and World War II plates.

Section 2 –Person who has a disability information (Required for ALL applicants.)

Provide the full legal name, street and mailing address, including city, state and zip code, and the phone number of the person who has a disability. List the SC driver's license, beginner's permit, or identification card number of the person who has a disability. Signature of person who has a disability or legal guardian required.

Section 3 – Vehicle Information (Required if requesting plate only.)

Complete this section only if you are applying for a license plate. License plates may be issued to vehicles used to transport a certified person who has a disability if the vehicle is owned and titled in the name of the person who has a disability or his/her immediate family member, who resides in the same household. The fee is \$20.00 every two years. Indicate Gross Vehicle Weight (GVW) for property carrying vehicles.

Indicate if you wish to donate to Donate Life SC. If you would like to make a donation, indicate the amount in the space provided. For more information on Donate Life SC, visit www.donatelifesc.org.

The vehicle owner must sign to certify that the vehicle is insured and will maintain insurance throughout the registration period. The name of the liability insurance company should be listed, not the agent.

Section 4 –Medical Statement

A licensed physician or an ARPN must complete this portion of the application. The physician must certify the applicant as having a disability by checking the qualifying conditions. The physician or ARPN must also indicate if the disability is permanent or temporary (impairment must be for at least 4 months not to exceed 1 year) and state the length of the disability in the space provided.

RG-007B Business/Organization Placard and/or License Plate for People Who Have a Disability

Section 1 - Check type of transaction

Business/Organization must complete this section.

- Check One:
- Original – For first-time applicant
 - Renewal – To renew placard or license plate
 - Replacement – To replace a lost, stolen or destroyed plate or placard and certificate
- Check One:
- License Plate – Applying for a license plate
 - Placard – Applying for a permanent placard

Section 2 – Business/Organization's Information (Required for ALL applicants.)

Provide the business/organization's name, street and mailing address, including city, state and zip code and phone number. The vehicle owner must sign to certify that the vehicle is insured and will maintain insurance throughout the registration period. The name of the liability insurance company should be listed, not the agent.

Section 3 – Vehicle Information - Required if requesting plate only.

List all registered vehicles for which the organization is buying license plates. Plates will be issued to vehicles used to transport a certified person who has a disability if the vehicle is owned and titled in the name of the business/organization. The fee is \$20.00 every two (2) years. Indicate if you wish to donate to Donate Life SC. If you would like to make a donation, indicate the amount in the space provided. For more information on Donate Life SC, visit www.donatelifesc.org.

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