



South Carolina Department of Motor Vehicles

Specialty License Plate Personalization Opt-in Agreement

RG-504F
(Rev. 03/18)

Must be completed by organization's Authorized Agent on file.

My organization _____ gives SCDMV authorization to
Sponsoring organization
produce a Personalized Version of the _____ specialty
Specialty Plate Name
license plate within the SCDMV's Specialty License Plate Guidelines.

- Personalized Specialty plates will be made in the current SC standard template (logo and 6 characters).
- TEXT must be approved by the SCDMV.
- Applicants must meet eligibility requirements for restricted plates.

Organization must submit written request to end agreement with the SCDMV and allow 6 months for implementation of option withdrawal.

| | |
|----------------------|---------------------------------|
| Name of Organization | Authorized Agent (please print) |
| Address | |
| Email | Phone |
| Signature | Date |

DMV USE ONLY

Request Received: _____ Plate Implemented: _____