



South Carolina Department of Motor Vehicles

Lost/Stolen or Destroyed Certificate of Title Report

TI-004A
(Est. 4/06)

When an application is submitted to any Branch Office or Headquarters Unit requesting a Title Correction, the registered owner or his agent must complete this form when a title is not present. Please submit this form along with a corrected Form 400 and applicable fees, if due, at the address below.

**South Carolina Department of Motor Vehicles
P.O. Box 1498
Blythewood, South Carolina 29016-0024**

Vehicle Identification No.		(Lost/Destroyed) Title Number	
Name of Owner (Last, First, Middle initial)			Suffix (Sr., Jr. III, etc.)
Street Address of Owner			
City	State	Zip Code	
Telephone Number (home)		Telephone Number (work)	

I certify that the title listed above was (check one): Lost Stolen Destroyed

Date of Loss or Destruction	State
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If the title above is recovered, I will return it to the nearest DMV Office immediately. I also understand that I cannot and will not use this title to obtain a lien or transfer ownership of vehicle.

Signature of the Registered Owner _____
Date

Signature of Person Filing Report _____
Date

Complete this section if the person filing the report is different from the registered owner.

Name of Person Filing Report (Last, First, Middle initial)			Suffix (Sr., Jr. III, etc.)
Street Address of Owner			
City	State	Zip Code	

FOR DMV USE ONLY

BRANCH OFFICE SUBMITTING	
SPECIALIST'S SIGNATURE	
DATE OF REPORT	TIME OF REPORT