

South Carolina Department of Motor Vehicles Application to Issue or Replace 45-Day Temporary Plates

45-A (11/2024)

Pursuant to S.C. Code §§56-3-210, 56-3-1240(B).

| FEE PAID | Date Plate Expires |
|---|--------------------|
| Original Temporary Plate - \$10.00 | · |
| Replacement Temporary Plate - \$5.00 | |

Conditions

- Temporary license plates cannot be used to test drive a vehicle or to operate a vehicle until it is sold.
- Temporary license plate and registration shall be valid for forty-five days from the date the vehicle is purchased.
- Liability insurance coverage must be in force for at least the minimum amounts required by South Carolina law.
- The Bill of Sale or Title indicating the date of purchase must be carried in the vehicle described above while in operation.
- Temporary license plates may not be recognized by other states. Individual sellers cannot purchase traceable temporary plates. Individual buyers must purchase plates.

Note: For newly purchased vehicles, a copy of the Bill of Sale or assignment document must accompany this form.

S

| Purchaser's Name - Individual or Purchaser | | | | | Date of Issuance | | |
|---|---|-------------------------------|------------------------------|--|----------------------|--|--|
| Residence Address | | Cit | City | | State | Zip Code | |
| Mailing Address (if different from above) | | City | | State | | Zip Code | |
| Please Check | : One | | | | | | |
| ☐ I am a Sou | th Carolina resident | am an out-of-state | resident | | | | |
| Customer # or Driver's License # | | | | | Phone Number | | |
| Year | Make | Vehicle Identification Number | | | Gross Vehicle Weight | DOT Number (if applicable) | |
| Insurance Company Date of S | | | Date of Sale | ☐ Original Temporary Plate ☐ Replacement Temporary Plate | | | |
| Replacement | Reason: | | | | | | |
| ☐ Defective | ☐ Lost/Stolen | | | | | | |
| *Large commercial motor vehicle owners operating their vehicle only within South Carolina may use a motorcycle- | | | | | | | |
| ☐ Yes, I wish to donate \$5.00, more or less, to Donate Life S.C Amount of Donation \$ | | | | | | | |
| federal law, in | r that the information given in t correct or false information giv urchased. Plate may not be pla | en may result in civ | il liability and civil or ci | | | hat under applicable state and at no refunds are given for | |
| | | | | | | | |
| Print Name of Applicant | | | | Signature of Applicant | | | |
| ECTION E | 3 – to be completed by S | SCDMV employ | rees | | | | |
| Issued By: | , , | . , | Office Numb | per and Co | ode: | | |

S

| Issued By: | Office Number and Code: |
|------------|-------------------------|
| | |
| | |