

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

**45-A** (06/2024)

Pursuant to S.C. Code §56-3-210.

FEE PAID	Date Plate Expires
Original Temporary Plate - <b>\$10.00</b>	
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 jurisdictions. Casual sellers cannot purchase traceable temporary plates. Casual buyers must purchase plates.

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

**SECTION A** – required for all customers Purchaser's Name - Individual or Purchaser Date of Issuance Residence Address State Zip Code Mailing Address (if different from above) City State Zip Code Please Check One ☐ I am a South Carolina resident ☐ I 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 Sale ☐ Original Temporary Plate ☐ Replacement Temporary Plate Replacement Reason: ☐ Lost/Stolen □ Defective Yes, I wish to donate \$5.00, more or less, to Donate Life S.C **Amount of Donation** I hereby certify that the information given in the application for a Temporary License Plate is true and correct. I understand that under applicable state and federal law, incorrect or false information given may result in civil liability and civil or criminal penalties. I also understand that no refunds are given for plates once purchased. Plate may not be placed upon vehicle until sale is complete. Print Name of Applicant Signature of Applicant

<b>ECTION B</b> – to be completed by SCDMV employees	
Issued By:	Office Number and Code: