



South Carolina Department of Motor Vehicles

APPLICATION TO REPLACE OR SURRENDER PLATE, DECAL, OR REGISTRATION

452
(05/2022)

Applications are accepted at SCDMV branches or can be mailed to: S.C. Department of Motor Vehicles, P.O. Box 1498 Blythewood, S.C. 29016-0019

Section I Name and Address of Registered Owner/Plate Information:

Name _____ Residence Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

License Plate No. _____ Plate Expiration Month _____ Decal Expiration Year _____ Golf Cart Permit # _____

Vehicle Identification Number _____

Update Voter Registration

Unless you indicate otherwise, the addresses above will be used by the State Election Commission to update your voter registration:

Do not update my residence address. Do not update my mailing address.

Section II Turn In/Report (check one) License Plate Decal Golf Cart Permit Registration

Suspended Exchanged for Special Plate Relinquished Special Plate Found Moved out of state

Voluntary Turn In Voluntary Turn In (owner retained plate) Lost Other (state reason) _____

Vehicle Sold Date: _____ To: _____ Address: _____

Please check if you wish to obtain a receipt.

Section III I wish to replace (check one) Expiration Year decal Plate Registration

(Required) I attest that I have not requested or received a refund for vehicle property tax or registration fees for this license plate.

If your license plate was turned in on a prior date or "other" is marked, additional requirements may be necessary for replacement.

I certify the plate, expiration year decal, or registration was: (check one) Turned In Other (state reason) _____

Lost Stolen Destroyed Never Received Defective Damaged in Mail

INSURANCE CERTIFICATION (Required if replacing decal or plate.)

Under penalties of perjury, I declare this vehicle is insured with the following company named below and I will maintain liability insurance throughout the registration period.

Insurance Company Name: _____

Section IV Authorized individual making report or obtaining replacement (If different from registered owner)

Name _____ Street Address _____

City _____ State _____ Zip Code _____

Signature of Authorized Individual _____

Section V I certify all information provided in this application is true and correct. (Registered owner) (Required)

Owner's Printed Name _____ Owner's Signature _____ Date _____

DMV USE ONLY: Do not write below this line

New Plate _____ ID Presented _____ Office/Clerk _____ Date _____

DMV Registration Refund Initiated

VISIT OUR WEBSITE AT WWW.SCDMVONLINE.COM