



# South Carolina Department of Motor Vehicles

## Business/Dealer Transaction Drop-Off

DLA-12  
Rev. 11/2023

**INSTRUCTIONS:**  
**PLEASE INCLUDE ALONG WITH EVERY BATCH OF WORK SUBMITTED BY BUSINESS**

To complete the form and submit transactions for processing, you must:

1. Complete the form by filling in the date, business or dealership name, and SCDMV billing account number, or check number.
2. Provide the name of each customer included in the batch and indicate whether the transaction will be paid by check or the SCDMV billing account. Indicate other types of transactions, such as duplicate titles, in the "Other" column.
3. A DLA-12 form must be completed for each SCDMV billing account number used.

**Only one method of payment is allowed per transaction. A business/dealership may not charge a portion of one transaction to an SCDMV billing account and pay for the remainder with a check. If payment is submitted by check, the check must be written for the FULL AMOUNT of fees owed for that transaction. Failure to complete the check will result in processing delays.**

Date: \_\_\_\_\_ Business/Dealership Name: \_\_\_\_\_

SCDMV Billing Account Number: \_\_\_\_\_ **OR** Check Number Count (*Total checks enclosed*): \_\_\_\_\_

Customer Name	Billing Account	Check Number		Other <small>(Title Only, Duplicate Title, Etc.)</small>	DMV USE
1.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/> 1# _____	<input type="checkbox"/> 2# _____		Returned <input type="checkbox"/>

**\*Maximum of two (2) checks allowed per transaction**  
**\*\*Make checks payable to: SC Department of Motor Vehicles\*\***

Total Transaction Amount  
\$ \_\_\_\_\_

RECEIVED BY		DMV USE	
Name	Date	Office Number	Date
_____	_____	_____	_____
PREPARED BY			
Name	Date	Office Number	Date
_____	_____	_____	_____