



South Carolina Department of Motor Vehicles

Application for License as Motor Vehicle Transporter

DLA-3
(Rev. 6/2022)

I am applying for this license to engage in the business as one of the following: (1) a financial institution, repossessing vehicles or accepting voluntary repossession or relinquishment of vehicles for which the financial institution has exercised rights under a valid security agreement or a lien and I understand I may apply for special registration only for the purpose of repossession of such vehicles; transport of such vehicles to locations of repair, cleaning, or reconditioning, storage of such vehicles; or demonstration of such vehicles for purposes of potential resale, (2) limited operation of motor vehicles to facilitate the movement of vehicles from a manufacturer to a dealer or distributor, or from a railroad terminal yard to a temporary storage facility prior to delivery to a dealer or in connection with the foreclosure or repossession of such motor vehicles, or (3) for the movement of vehicles to further the construction of cabs or bodies, pursuant to the provisions of SC Code §56-3-2350.

NOTE: Transporter plates for financial institutions **must not be used** to operate wreckers or service vehicles. The use of transporter plates for demonstration purposes is limited to (a) prospective purchasers and (b) limited to 7 days. The financial institution must provide the prospective purchaser with a dated demonstration certificate, approved by the Department. ***This form is ONLY processed by mail at SCDMV Headquarters. MAIL TO: SCDMV Attn: Dealer License & Audit Unit P.O. Box 1498 Blythewood, South Carolina 29016-0023***

Name of Business	FEE SCHEDULE
Street Address (business location):	
Special Mailing Address (if different from location):	
Telephone Number:	
Email Address:	
20 _____ Transporter License Fee \$50.00 _____ Transporter Plate(s) @ \$10.00 per plate _____ Total _____ Transporter Permit No. _____	
Indicate principal nature of business, i.e. whether construction of cabs or bodies or foreclosure or repossession of such vehicles:	

Name of Liability Insurance Company _____

Policy Number _____ Effective Dates _____ to _____

Name of Policyholder _____

Name of Agency/Agent _____ Phone _____

Check One: Is the location address above a commercial establishment or a residence?

Was the business a licensed transporter during the year of 20 ____ Yes No If yes, give permit no. _____

If the answer to the above question is yes, indicate the number of transporter license plates issued to business: _____

Indicate or attach a list with the name/s and driver's license number/s of all your employees. Only the employees listed may utilize your transporter plates.

How many transporter license plates are you applying for with this application? _____

Is this business financially backed by another individual, dealer, or company? _____

If the answer is yes, please give details: _____



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Does transporter financially back any license motor vehicle dealer or transporter? If yes, give the (a) name and address of the dealership and (b) the name of the owner:

List the names and addresses of any person who has at least 10% ownership in the applicant's business.

Has the business or any of its owners, sales personnel, or agents had any claims or official charges made against it or them for unfair deceptive trade practices? If yes, give details:

Has the applicant, owners, or agents been licensed in any other state as a motor vehicle transporter?

If so, give the name of the business, address, the date the business was in operations, and indicate whether any claims or charges of unfair or deceptive trade practices were brought against these individuals or entities.

Has the owner, applicant, or agent ever been convicted of any offense involving any motor vehicle registration or auto theft? _____

If yes, provide the
county and state
along with details: _____

Has the transporter license or transporter plates of this business (or any official or employee of this business) ever been suspended, revoked, or subject to suspension or revocation?

_____ If the answer is yes, please give details below:

State of _____ County of _____

I certify that I am the owner, partner, or corporate officer of the business named on this application and that all of the above information is true and correct. I further understand that false responses to these questions may result in denial, suspension, or revocation of the motor vehicle transporter license being sought and may subject me to prosecution for perjury and other criminal offenses. I further certify that I am authorized to apply for the license and to supply the information on behalf of the applicant.

Signature of Applicant _____

CERTIFICATION OF INSPECTION

I, the undersigned, as a duly appointed dealer agent of the South Carolina Department of Motor Vehicles, certify I have reviewed this application and conducted an investigation of the facilities and location and found them to be in compliance with SC Code §56-3-2350.

Signature of Agent _____

NOTE: This application, upon completion must be reviewed and signed by an authorized dealer agent of the South Carolina Department of Motor Vehicles, prior to applying for a Transporter License. If space provided for answers is insufficient, please reply on a separate sheet of paper and attach as part of the application.

DMV USE ONLY

Date of Issue _____	Transporter Plates Assigned		
Office Number _____	No. _____	No. _____	No. _____
Specialist's Code _____	No. _____	No. _____	No. _____