



South Carolina Department of Motor Vehicles

ELECTRONIC REGISTRATION AND TITLING

DEALER/PARTICIPANT APPLICATION

ERT-3
Rev. 12/2025

NOTE: Form must be completed in its entirety. If space provided is insufficient, please respond on a separate sheet of paper and attach as part of the application.

A	APPLICATION TYPE						
<input type="checkbox"/> New Application		Service Provider:					
<input type="checkbox"/> Service Provider Change		Current Service Provider:					
		New Service Provider:					
B	BUSINESS TYPE						
<input type="checkbox"/> Auto Dealer		Dealer Number:					
<input type="checkbox"/> Non-dealer Participant		SCDMV Customer Number:					
C	BUSINESS INFORMATION						
Business Name:							
Physical Address:		Street No.	Street Name	Apt/Suite No.	City	State	Zip Code
Mailing Address: (If applicable)		Street No.	Street Name	Apt/Suite No.	City	State	Zip Code
Telephone No.:							
D	OWNER/PRINCIPAL INFORMATION						
Owner/Principal Name:		First Name	Middle Initial	Last Name	Suffix		
Contact Name:		First Name	Middle Initial	Last Name	Suffix		
Contact Email Address:					Contact Telephone No.:		
E	AUTHORIZATION						
Owner/Principal Name:							
Owner/Principal Signature:					Date:		

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