



**South Carolina Department of Motor Vehicles
ELECTRONIC VEHICLE REGISTRATION
TITLING PROGRAM AUTO DEALER APPLICATION**

EVR-3
(Rev. 02/2021)

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

SECTION I. BUSINESS INFORMATION

| | | | | |
|---|--------------|-----------------|---|--|
| Date: _____ | | | <input type="checkbox"/> First Time Application | <input type="checkbox"/> Change Service Provider |
| Dealer Number/Third Party Participant FEIN: _____ | | | | |
| Name of Dealership/Third Party Participant Partner: _____ | | | | |
| Physical Address for Dealership: _____ | | | | |
| City: _____ | State: _____ | Zip Code: _____ | | |
| Telephone Number: _____ | | | | |
| Mailing Address: _____ | | | | |
| City: _____ | State: _____ | Zip Code: _____ | | |

SECTION II. OWNER/PRINCIPAL INFORMATION

1. Dealership/Third Party Participant Name (signer of the contract): _____
2. Name of Contact Person (person communicating with SCDMV): _____
3. Contact Person Telephone Number: _____
4. Contact Person Email Address: _____
5. Current Service Provider: _____
6. New Service Provider (if change in Service Provider): _____

Owner/Principal Signature _____

Date _____

Mail to:
South Carolina Department of Motor Vehicles Attn: EVR Coordinator
P.O. Box 1498
Blythewood, South Carolina 29016-0038