



South Carolina Department of Motor Vehicles

Request for Collision Advisory Letter

FR-50B
(Est. 06/2020)

An advisory letter provides the information needed to comply with a Financial Responsibility (FR-5) Collision Suspension. You do **NOT** need an advisory letter if you are **NOT** the individual who is suspended or were **NOT** at fault for the collision, or it has been 2 or more years since the collision date*. To request an Advisory Letter you must:

1. **First** purchase a copy of the collision report through the SCDMV for a fee (online, through the mail, or in a branch office); and
2. Be the individual who is suspended or at fault for the collision, or a representative of the business at fault for the collision; and
3. Complete this form with as much information as possible to correctly identify the collision you need information about.

Collision Report Information:

_____ *Date of Collision*

_____ *FR-10 Number*

_____ *Collision Case No. (if known)*

** If it has been 2 or more years since the collision date, then you may complete the Statement for Restoration of Privileges (Form FR-28).*

Request for Information:

Complete the section below (individual or business). By signing this document you are acknowledging the following statement: Under penalty of perjury, I state that I am entitled to receive and use this information as permitted under the Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended). I further acknowledge that if I misuse this information or give it to someone who uses it for an unauthorized purpose, I may be subject to Federal criminal law as well as a civil lawsuit where the minimum award is \$5,000.00.

At Fault/Suspended Individual Requesting Information		
_____ <i>Your Driver's License Number</i>	_____ <i>Licensing State</i>	
_____ <i>SC Customer Number (if known)</i>		
_____ <i>Mailing Address</i>		
_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>
_____ <i>Printed Name (person requesting information)</i>		
_____ <i>Signature (person requesting information)</i>		
_____ <i>Date Signed</i>		

Business Requesting Information		
_____ <i>Business Name</i>		
_____ <i>Business Customer Number (if known)</i>		
_____ <i>Mailing Address</i>		
_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>
_____ <i>Printed Name (business representative requesting information)</i>		
_____ <i>Signature (business representative requesting information)</i>		
_____ <i>Date Signed</i>		

Submitting Your Request

Advisory letters are only processed through the mail. There is no fee for an advisory letter. Please allow 5 to 7 business days for your request to be processed once the SCDMV's FR Unit receives it. Mail this completed form to:

SC Department of Motor Vehicles
FR Suspension & Compliance Unit
PO Box 1498
Blythewood, SC 29016-0040