## South Carolina Department of Motor Vehicles REQUEST TO REMAKE PERSONALIZED OR SPECIALTY LICENSE PLATES

Complete this form to request a remake of a license plate with the same plate number. A lost or stolen license plate CANNOT be remade. To replace a license plate with the next available number in a series, complete Application to Replace License Plate or Expiration Year Decal (Form 452).

## INSTRUCTIONS

This completed form along with the $\$ 6.00$ remake fee must be mailed to the following address:
S.C. Department of Motor Vehicles Specialty Plates
P.O. Box 1498

Blythewood, SC 29016-0038
I wish to request a remake of my personalized or specialty license plate.Replace my old specialty plate with the new DMV redesigned version.I certify the license plate is or was: (check one)
$\square$ Plate is 10 Years or OlderNever ReceivedDefectiveWorn or Illegible Faded or Cracked Damaged in Mail (Required) Submit a color photo of your current plate with the application. (A photo is not required if plate was never received.)

## VEHICLE INFORMATION

License Plate Number $\qquad$ Expiration Month $\qquad$ Expiration Year $\qquad$

Vehicle Identification Number (serial number) $\qquad$ Make $\qquad$ Year $\qquad$

## NAME AND ADDRESS OF REGISTERED OWNER

Name $\qquad$ Street or Residence Address $\qquad$

Mailing Address
City $\qquad$ State $\qquad$ Zip Code $\qquad$
Update Voter
Unless you indicate otherwise, the addresses above
will be used by the State Election Commission to update your voter Registration registration: $\square$ Do not update my residence addres.Do not update my mailing address.

Telephone Number * $\qquad$ Email * $\qquad$Yes, I wish to donate $\$ 5.00$, more or less, to Donate Life S.C.
Amount of donation
\$

## INSURANCE CERTIFICATION (Required)

Under penalties of perjury, I declare this vehicle is insured with the following company and I will maintain liability insurance throughout the registration period. I certify all information provided in this application is true and correct.

Insurance Company Name $\qquad$
*optional information

| DMV USE ONLY: | Office | Clerk's <br> Initials | Date |
| :--- | :--- | :--- | :--- | :--- |

