

South Carolina Department of Motor Vehicles OWNER'S/REBUILDER'S AFFIDAVIT

S-2 (Rev. 01/2024)

Mail this form to SCDMV, Specialized Titles and Registration Unit, PO Box 1498, Blythewood, SC, 29016-0039.

Owner's Affidavit

Under penalties of perjury, I certify that I,				am the owner and in	
	from	•			
Date		Name			
Street		City	State	Zip Code	
Year Ma	ake	Model	Vehicle Iden	Vehicle Identification Number	
Odometer Mileage (no tenths)					
I understand that this affida statements in this affidavit				d that any false	
Street		City	State	Zip Code	
Phone Number Di		Oriver's License # Email A		s	
Signature of Owner	Print Name of Owner				
DEDI A		DADTO	CAFETY	/ FOLUDIATINE	
() Right Fender	CED/REPAIRED	Rear End	SAFETY	<u>'EQUIPMENT</u> Brakes	
() Left Fender	()	Floor Pan	()	Lights	
() Hood	()	Engine	()	Horn	
() Bumper ()F	()R ()	Transmission	()	Steering	
() Grille	().	Frame	()	Wipers	
() Roof	()	Frame Section	()	Signals	
() Right Rear Quarter	()	P/U Cab	()	Tires	
() Left Rear Quarter	()	P/U Bed	()	Exhaust	
() Doors	()	Glass	()	Glass	
() Airbags	()	Airbags	()	Airbags	
	Rebuilder's Aff	idavit for Reconstr	ucted Vehicle		
Under penalties of perjury,	I certify I,		,	am the person who ha	
rebuilt the vehicle identified	d above and that the	fair market value of th	e vehicle is \$	as estimated in th	
edit	ion of		, and that the	e total cost of repairs	
Year/Month		urce relied on to estimate va			
made to the vehicle, includ	ed all parts and labo	r, \$which	is% of t	he Fair Market	
retail value, and that the da	ımage was substanti	ally repaired.			
I understand that this affida statements in this affidavit				d that any false	
Street		City	State	Zip Code	
Phone Number	Driver's L	icense #	Email Addres	s	
Signature of Rebuilder		Print N	lame of Rebuilder		