



South Carolina Department of Motor Vehicles

APPLICATION TO REPLACE OR SURRENDER PLATE, DECAL, OR REGISTRATION

452
(Rev. 10/18)

Applications are accepted at SCDMV branches or can be mailed to: S.C. Department of Motor Vehicles, P.O. Box 1498 Blythewood, S.C. 29016-0019

Section I Name and Address of Registered Owner/Plate Information:

Name _____ Residential Address _____
City _____ State _____ Zip _____
License Plate No. _____ Plate Expiration Month _____ Decal Expiration Year _____ Golf Cart Permit # _____
Vehicle Identification Number _____

Section II Turn In/Report (check one) ☐ License Plate ☐ Decal ☐ Golf Cart Permit ☐ Registration

☐ Suspended ☐ Exchanged for Special Plate ☐ Relinquished Special Plate ☐ Found ☐ Moved out of state
☐ Voluntary Turn In ☐ Voluntary Turn In (owner retained plate) ☐ Lost ☐ Other (state reason) _____
☐ Vehicle Sold Date: _____ To: _____ Address: _____
☐ **Please check if you wish to obtain a receipt.**

Section III I wish to replace (check one) ☐ Expiration Year decal ☐ Plate ☐ Registration

(Required) ☐ I attest that I have not requested or received a refund for vehicle property tax or registration fees for this license plate.
If your license plate was turned in on a prior date or other is marked, additional requirements may be necessary for replacement.

I certify the plate, expiration year decal, or registration was: (check one) ☐ Turned In ☐ Other (state reason) _____

☐ Lost ☐ Stolen ☐ Destroyed ☐ Never Received ☐ Defective ☐ Damaged in Mail

INSURANCE CERTIFICATION (Required if replacing decal or plate.)

Under penalties of perjury, I declare this vehicle is insured with the following company named below and I will maintain liability insurance throughout the registration period.

Insurance Company Name: _____

SECTION IV Removal of Authorized Disabled Individual

I hereby authorize the SC Department of Motor Vehicles to remove the name(s) of the following individual(s) from the Disabled Parking Authorized section of the registration certificate. I am aware that if this is the **only** disabled authorized name listed, I am no longer eligible to maintain a disabled license plate and must surrender the plate to SCDMV immediately and make application for a different plate.

Disabled Authorized Individual(s) to be removed:

Last Name _____ First Name _____ Middle Name _____
Last Name _____ First Name _____ Middle Name _____

Section V Authorized individual making report or obtaining replacement (If different from registered owner)

Name _____ Street Address _____
City _____ State _____ Zip Code _____
Signature of Authorized Individual _____

Section VI I certify all information provided in this application is true and correct. (Registered owner) (Required)

s Printed Name

Date

DMV USE ONLY: Do not write below this line

New Plate _____ ID Presented _____ Office/Clerk _____ Date _____

☐ DMV Registration Refund Initiated

VISIT OUR WEBSITE AT WWW.SCDMVONLINE.COM