South Carolina Department of Motor Vehicles
Application to Replace or Surrender Plate, Decal, or Registration

452
(12/2024)

Applications are accepted at SCDMV branches or can be mailed to: SCDMV, PO Box 1498, Blythewood, SC 29016

SECTION I – Name and Address of Registered Owner/Plate Information:

Full Name _____ Phone Number _____

Residence Address_____ City _____ State_____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

License Plate No. _____ Vehicle Identification Number _____

***For multiple plates, you must complete Section VI**

Golf Cart Permit # _____

Update Voter Registration Unless you indicate otherwise, the addresses above will be used by the State Election Commission to update your voter registration:
☐ Do not update my residence address. ☐ Do not update my mailing address.

SECTION II - Turn In/Report (check one) ☐ License Plate ☐ Golf Cart Permit

☐ 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.**

☐ **Please check this box if you are requesting a plate refund**

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

Name_____ Street Address _____

City _____ State _____ Zip Code _____

Signature of Authorized Individual _____

SECTION V – I certify all information provided in this application is true and correct. *(Required)*

Registered Owner's Printed Name Registered Owner's Signature Date

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SECTION VI – Only required for multiple plate turn in requests.

License Plate Number		Year/Make	Vehicle Identification Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

DMV USE ONLY: Do not write below this line

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

☐ DMV Plate Refund Initiated

VISIT OUR WEBSITE AT DMV.SC.GOV