



# 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, 10311 Wilson Blvd., Building C, Blythewood, SC 29016-0019

### 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](http://DMV.SC.GOV)