



South Carolina Department of Motor Vehicles

INFORMATION ABOUT MULTIPLE CUSTOMER NUMBERS

CM-002
(Rev. 10/07)

DMV DATA QUALITY USE ONLY

DMV Customer Number associated with the below information

The information below has been data-captured: ☐ Yes ☐ No Specialist Initials _____ Review Clerk _____
Trouble Ticket # _____ Date Received (MM-DD-YY): ____-____-____ Date Completed and Returned (MM-DD-YY): ____-____-____
Comment: _____

REQUESTOR INFORMATION

DATE	REQUESTOR'S NAME
E-MAIL ADDRESS	
PHONE NUMBER	FAX NUMBER
DEALER NAME	DMV DEALER NUMBER

CUSTOMER INFORMATION

FULL LEGAL NAME			
LAST NAME	FIRST	MIDDLE	SUFFIX
Date of Birth (MM-DD-YY) ____-____-____	Last four digits of customer's Social Security # _____		
FORMER NAME USED AT DMV			
LAST NAME	FIRST	MIDDLE	SUFFIX
CURRENT ADDRESS			
CITY	STATE	ZIP CODE	
PREVIOUS ADDRESS			
CITY	STATE	ZIP CODE	

a) Does the customer have a SC Driver's License? ☐ Yes ☐ No

b) SC Credential (DL, BP, ID) Number : _____

c) Does the customer have an Out-of-State (OOS) Driver's License? ☐ Yes ☐ No

d) OOS Credential (DL, BP, ID) Number: _____ State _____

e) Customer Number (Found on existing vehicle registration card or title): _____

f) VIN _____ YEAR _____ MAKE _____ PLATE _____

NOTE: Individual customers must complete Form 4057 to change their name or address with DMV.
Business customers must submit name change requests on company letterhead and address changes on Form 4057.

LIST ALL CUSTOMER NUMBERS ISSUED TO THIS INDIVIDUAL OR BUSINESS

By completing this document I hereby certify that all information contained herein to be true and correct and these changes are being made without fraudulent purpose or intent.

Signature _____

Date _____

This request will be addressed by the Data Quality Unit as soon as possible. Some requests may take longer than others depending on the level of research involved. Please allow the Data Quality Unit three (DMV) business days for a response.

Information must be legible and may be submitted electronically or via fax.

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