South Carolina Department of Motor Vehicles
Business Customer Application

EVR-2
(May 2020)

- If the business has a new address, the customer must complete and submit SCDMV Form 4057 and/or a statement on business letterhead stating that the address has changed.
- To change the business name in the SCDMV's system, provide a signed statement from the business on their letterhead.

TITLES AND REGISTRATION HELP DESK USE ONLY	
SCDMV customer number associated with the below information	

1. TYPE OF REQUEST (select one): ☐ Create New Customer **OR** ☐ Modify/Correct existing customer information

2. DEALERSHIP INFORMATION
Dealership Name: _____
DMV Dealer Number: _____ Fax # ( ) - _____ Telephone # ( ) - _____
Contact Name: _____
E-Mail Address: _____

3. BUSINESS INFORMATION
a) Business Name: _____
   (full legal business name as it appears on the business license)
   FEIN ____ - _____ Has the business name changed within the past three years? ☐ No ☐ Yes *(If yes, complete 3b.)*
   Name of individual owner: _____ Driver's License # _____ State: _____
   Contact Name: _____ Email: _____
   Telephone: ( ) - _____ Fax: _____
b) Previous Business Name: _____
   FEIN ____ - _____ *(previous full legal business name as it appeared on the business license)*
   Name of individual owner: _____ Driver's License # _____ State: _____
c) Please list any plate(s) registered under this business name with the SCDMV: _____

4. ☐ **TRUST -** P*lease attach a copy of the **certification of trust** to submit to the SCDMV.*
Name of trust: _____ Date on Trust: _____
(as it appears on the trust document)

Other pertinent information the SCDMV must identify/verify from the trust document: (a) names of the trustees and who is required to sign; (b) involvement of a "Successor Trustee" (if one is involved, additional documentation may be required such as a death certificate or resignation statement); (c) signature of the settlor or creator of the trust. If certification of trust is not available, usually the first two pages and last two pages provide the information needed in addition to the "Trustee Powers" section.

BUSINESS ADDRESS INFORMATION

5. PHYSICAL ADDRESS FOR THE BUSINESS - MANDATORY *(company location, not PO Box)*
a) Has the address of the business changed within the last three (3) years? ☐ Yes ☐ No
b) Current Address: Street: _____ Apt# _____ Suite # _____
   City: _____ State: _____ Zip _____
   County Code/Name: _____ / _____ Country: _____
c) ☐ I certify that this is the address to be used on all future documents.
d) Previous Address: Street: _____ Apt# _____ Suite # _____
   City: _____ State: _____ Zip _____
   County Code/Name: _____ / _____ Country: _____

6. SPECIAL MAILING ADDRESS *(If the business mailing address is different from the physical address)*
Street or PO Box: _____ Apt# _____ Suite # _____
City: _____ State: _____ Zip _____
County Code/Name: _____ / _____ Country: _____

7. ☐ **DBA** *(Check if applicable)*
a) Name of individual owner(s) _____ Driver's License # _____ State: _____
   _____ Driver's License # _____ State: _____
b) Name of business _____
   Has the Business name changed within the past three years? ☐ Yes ☐ No *(If yes, please complete 6c.)*
   Physical address: _____ Apt# _____ Suite # _____
   City _____ State _____ ZIP _____
   County Code/Name: _____ / _____ Country _____
c) Former Name of business: _____
   Physical address: _____ Apt# _____ Suite # _____
   City: _____ State _____ Zip _____
   County Code/Name: _____ / _____ Country _____

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

Information must be legible and may be submitted electronically (evr@dmv.sc.gov) or via fax (803-896-1205)