



South Carolina Department of Motor Vehicles

REQUEST TO REMAKE PERSONALIZED OR SPECIALTY LICENSE PLATES

MV-97
(08/2022)

Complete this form to request a remake of a license plate with the same plate number. A lost or stolen license plate **CANNOT** be remade. To replace a license plate with the next available number in a series, complete Application to Replace License Plate or Expiration Year Decal (Form 452).

INSTRUCTIONS

This completed form along with the \$6.00 remake fee must be mailed to the following address: **S.C. Department of Motor Vehicles
Specialty Plates
10311 Wilson Blvd
Blythewood, SC 29016-0038**

I wish to request a remake of my personalized or specialty license plate.

- ☐ Replace my old specialty plate with the new DMV redesigned version.
- ☐ I certify the license plate is or was: (check one)
- ☐ Plate is 10 Years or Older ☐ Never Received ☐ Defective ☐ Worn or Illegible ☐ Faded or Cracked ☐ Damaged in Mail

(Required) Submit a color photo of your current plate with the application. (A photo is not required if plate was never received.)

VEHICLE INFORMATION

License Plate Number _____ (include spaces) Expiration Month _____ Expiration Year _____

Vehicle Identification Number (serial number) _____ Make _____ Year _____

NAME AND ADDRESS OF REGISTERED OWNER

Name _____ Street or Residence Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

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.

Telephone Number * _____ Email * _____

☐ Yes, I wish to donate \$5.00, more or less, to Donate Life S.C. Amount of donation \$ _____

INSURANCE CERTIFICATION (Required)

Under penalties of perjury, I declare this vehicle is insured with the following company and I will maintain liability insurance throughout the registration period. I certify all information provided in this application is true and correct.

Insurance Company Name _____

Printed Name Signature of Registered Owner Date

*optional information

DMV USE ONLY:	Office _____	Clerk's Initials _____	Date _____
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VISIT OUR WEBSITE AT DMV.SC.GOV