



# 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 \_\_\_\_\_ Expiration Month \_\_\_\_\_ Expiration Year \_\_\_\_\_  
(include spaces)

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<br>Initials _____ | Date _____ |
|---------------|--------------|---------------------------|------------|

VISIT OUR WEBSITE AT [DMV.SC.GOV](http://DMV.SC.GOV)