



South Carolina Department of Motor Vehicles

RENTAL CAR QUALITY ASSURANCE SERVICE

PROVIDER CHANGE REQUEST

RC-001G
(06/2024)

This form is used by Rental Car Participants who are requesting a service provider change. This form must be emailed to Rentalcar@dmv.sc.gov or mailed to SCDMV-RCQA PO Box 1498, Blythewood, SC 29016-0022.

1. RENTAL CAR PARTICIPANT INFORMATION

Date _____ / _____ Customer Number(s): _____

Rental Car Participant _____

Physical Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Authorized Personnel Name _____

Authorized Personnel Signature _____

2. SERVICE PROVIDER INFORMATION (*completed by the Rental Car Participant)

Current Service Provider _____

Service Provider Contact Name _____

New Service Provider _____

New Service Provider Contact Name _____

Email Address of New Service Provider _____

Physical Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

FOR RCQA UNIT ONLY

Change Approved Change Not Approved

Comments:

Last Date to Process Transactions with Current Service Provider _____

First Date to Process Transactions with New Service Provider _____

RCQA Signature _____ Date _____