



South Carolina Department of Motor Vehicles
SHARED ADDRESS ACCOUNT STATEMENT

MCS-012
(01/2026)

Applications are accepted at SCDMV IFTA/IRP branches or can be mailed to S.C. Department of Motor Vehicles, P.O. Box 1498 Blythewood, SC 29016-0027 or for approved web users at dmv.sc.gov.

Section I Carrier Information

Customer Number		FEIN/SSN (last 4 digits)		
USDOT Number		Business Legal Name		
Business Physical Address		City	State	Zip
IRP Account Number		IFTA Account Number		

Section II Shared Address Details

Name of the other IRP/IFTA Account Holder(s) Sharing this Address:
Relationship to the Other Account Holder(s):
Reason for Sharing the Same Address:
Does your business operate independently from the other IRP/IFTA account(s) at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, explain:
Describe how business records are maintained and separated from the other carrier:

Section III Certification Statement

I certify that the information provided on this form is true and complete. I understand that providing false or misleading information may result in account suspension or denial under IRP and IFTA compliance requirements.	
Printed Name:	Signature:
Title:	Date:
Phone Number:	Email:

FOR THE SCDMV USE ONLY

Reviewed By:	Date:
Notes:	