



# South Carolina Department of Motor Vehicles

## Application for Placard and/or License Plate for People Who Have a Disability

**RG-007A**  
(Rev. 06/2026)

Applications are accepted at any SCDMV branch office or can be mailed along with a check or money order (no cash accepted) payable to SC Department of Motor Vehicles, PO Box 1498, Blythewood, SC 29016-0019

### A APPLICANT INFORMATION (\* Indicates Required)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*All correspondence will be mailed to the address of the applicant.**

**\*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 #:\* \_\_\_\_\_ Date of Birth:\* \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant's SC Driver License, BP, or ID Number:\* \_\_\_\_\_ Email Address:\* \_\_\_\_\_

**I certify that this information is true and correct.**

\_\_\_\_\_  
Printed Name of Applicant (Parent/Legal Guardian)

\_\_\_\_\_  
Signature of Applicant (Parent/Legal Guardian)

\_\_\_\_\_  
Date

### B TRANSACTION TYPE

Check transaction type:  Plate  Placard  Plate and Placard

Original  Remove Authorized Person, name: \_\_\_\_\_  Add Parking Authorized (\$1.00) (Only available on license plates)  
 Renewal  Replacement – Prior Plate/Placard No. \_\_\_\_\_ PLACARD - \$1.00 Limit 1 per applicant.

**Note: Placard Registration Certificate must remain in the vehicle when the placard is being used.**

### C PHYSICIAN'S STATEMENT

A licensed Physician, an Advanced Practice Registered Nurse (APRN), a Physician Assistant (PA), or Physical Therapist (PT) must complete this portion of the application and must indicate the disability and length of disability. Physical Therapist (PT) can only certify temporary disability placards.

This is to certify that \_\_\_\_\_ has the following condition(s):

**Name of Applicant (please print)**

**Date of Birth**

- An inability to ordinarily walk one hundred feet nonstop without aggravating an existing medical condition, including the increase of pain;
- An inability to ordinarily walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
- A restriction by lung disease to the extent that the person's forced expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/Hg on room air at rest;
- Requires use of portable oxygen;
- A cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards established by the American Heart Association. If the person's status improves to a higher level, for example as a result of bypass surgery or transplantation, he or she no longer meets this criteria;
- A substantial limitation in the ability to walk due to an arthritic, neurological, or orthopedic condition, for example, coordination problems and muscle spasticity due to conditions that include Parkinson's disease, cerebral palsy, or multiple sclerosis; or
- Blindness;
- Autistic or neurodivergent or who are parents of children who are autistic or neurodivergent. (This is for the issuance of the autistic/neurodivergent plate. This plate will not get the handicapped designation. (Applicants must complete [Form MV-95](#)).

This disability is:  Permanent (placard valid for 4 years)  Temporary – length of time \_\_\_\_\_ (Impairment must be at least for 4 months, but not exceed 1 year)

I certify that I am:  A licensed Physician  PT  PA  An APRN Professional License No. \_\_\_\_\_ Physician Office Phone No. \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician, APRN, PT or PA

\_\_\_\_\_  
Signature of Physician, APRN, PT or PA

\_\_\_\_\_  
Date

### D LICENSE PLATE (Available to individuals with a permanent disability only)

Plates are available to people, or their immediate family members, who a licensed Physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) have certified as having a **permanent disability** for vehicles registered to the person who has a disability or an immediate family member with the same address. APRNs are nurse practitioners, certified nurse-midwives, clinical nurse specialists, and certified registered nurse anesthetists. A registration certificate, which lists the name of the person who has a disability, will be issued with each plate and must be maintained in the applicable vehicle. The plate fee is \$36.00. **\*For military plate applications, customers must mail-in a completed [Form MV-37 Application for Military License Plates](#), in addition to this form.**

Check License Plate type:  Passenger Vehicle (\$36.00)  Motorcycle (\$10.00)  Military (\*Must mail in completed [Form MV-37](#))

#### Vehicle Information

Owner's Last Name: \_\_\_\_\_ Owner's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

Current Vehicle Plate Number: \_\_\_\_\_ Gross Vehicle Weight: \_\_\_\_\_ SC Driver's License, BP, or ID: \_\_\_\_\_

YES, I wish to donate \$5.00, more or less, to Donate Life SC. Amount of donation \$ \_\_\_\_\_ .00

#### Insurance Certification

Under penalties of perjury, I declare this vehicle is insured with \_\_\_\_\_ and I will maintain liability insurance through the registration period.  
(Insurance Company)

\_\_\_\_\_  
Signature of Vehicle Owner

\_\_\_\_\_  
Printed Name of Vehicle Owner

\_\_\_\_\_  
Date

**DMV USE ONLY** Check No. \_\_\_\_\_ Amount \_\_\_\_\_ Plate No. \_\_\_\_\_ Placard No. \_\_\_\_\_ Employee Initials: \_\_\_\_\_



# South Carolina Department of Motor Vehicles

## Application for Placard and/or License Plate for People Who Have a Disability

**RG-007A**  
(Rev. 06/2026)

### Instructions for completing RG-007A Application for Placard and/or License Plate for People Who Have A Disability

#### LICENSE PLATES

Plates are available to people, or their immediate family members, who a licensed Physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) have certified as having a **permanent disability** for vehicles registered to the person who has a disability or an immediate family member with the same address. APRNs are nurse practitioners, certified nurse-midwives, clinical nurse specialists, and certified registered nurse anesthetists. A registration certificate, which lists the name of the person who has a disability, will be issued with each plate and must be maintained in the applicable vehicle. The plate fee is **\$36.00**.

#### PLACARDS

Placards are available to people who a licensed Physician, APRN, Physician Assistant (PA), or Physical Therapist (PT) has certified as having a disability. A registration certificate will be issued with each placard and must remain with the person who has a disability when the placard is used. The placard fee is \$1.00 and only one placard may be issued per applicant.

**Please Note: Physical Therapist can only certify a person as being temporarily disabled.**

#### RG-007A Application for Placard and/or License Plate for People Who Have a Disability

Complete a separate application form for each person who has a disability.

##### Section A – Applicant’s information

Provide the full legal name, street, and mailing address, including city, state, zip code, and the phone number of the person who has a disability, List the SC driver’s license, beginner’s permit, or identification card number of the person who has a disability (if applicable). Signature of person who has a disability or legal guardian required.

The Update Voter Registration opt-out check boxes do not apply to business customers.

##### Section B – Transaction Type

All Applicants must complete this section.

Check One:

- **Plate** – For customers who only want a plate. Must complete all sections
- **Placard** – For customers who only want a placard. Must complete sections 1-3
- **Plate and Placard** – For customers who want both plate and placard. Must complete all sections
- **Original** – For first-time applicants
- **Renewal** – To renew placard or license plate
- **Replacement** – To replace a lost, stolen or destroyed plate, or placard and certificate
- **Add Parking Authorized** – To add the name of an individual who has a disability to the Registration Certificate (\$1.00) **\*Only available on license plates.**

##### Section C – Physician’s Statement

A licensed Physician, APRN, Physician Assistant (PA), or Physical Therapist (PT) must complete this portion of the application. The physician, APRN, Physician Assistant (PA), or Physical Therapist (PT) must certify the applicant as having a disability by checking the qualifying conditions. The Physician, APRN, Physician Assistant (PA), or Physical Therapist (PT) must also indicate if the disability is permanent or temporary (impairment must be for at least 4 months not to exceed 1 year) and state the length of the disability in the space provided.

Physical Therapist can only certify a person as being temporarily disabled.

##### Section D - Only Required for License Plate (Available to individuals with a permanent disability only)

Complete this section only if you are applying for a license plate. License plates may be issued to vehicles used to transport a certified person who has a disability if the vehicle is owned and titled in the name of the person who has a disability or his/her immediate family member who resides in the same household. Gross Vehicle Weight (GVW) for property carrying vehicles. If interested in applying for a military plate, you must mail-in a completed [Application for Military License Plate \(Form MV-37\)](#) in addition to [RG-007A](#).

Indicate if you wish to donate to Donate Life SC. If you would like to make a donation, indicate the amount in the space provided. For more information on Donate Life, visit [www.donatelifesc.org](http://www.donatelifesc.org)

The vehicle owner must sign to certify that the vehicle is insured and will maintain insurance throughout the registration period. The name of the liability insurance company should be listed, not the agent.

Applications are accepted at an SCDMV branch office or can be mailed to the following address along with a check or money order (no cash accepted) payable to the SCDMV: **SC Department of Motor Vehicles**  
**PO Box 1498**  
**Blythewood, SC 29016-0019**