



South Carolina Department of Motor Vehicles

Individual Customer Number Application

EVR-1
08/2026

This form is used by EVR dealers to request a customer number and/or if a keying error is made by the EVR title clerk during the creation of a SC Customer Number. The SCDMV can make corrections to a name or change an address. Example: customer's nickname "Mike" was entered by the dealership instead of the legal name "Michael".

If a customer needs to correct their legal name or SSN, they must go into a DMV branch office and complete SCDMV Form 4057, to include any supporting documents.

SCDMV DATA QUALITY USE ONLY

Customer Number associated with the below information

1. TYPE OF REQUEST (select one): ☐ Create New Customer OR ☐ Modify/Correct existing customer information

2. DEALERSHIP INFORMATION

Date submitted to the DMV (MM-DD-YY) _____ - _____ - _____

Dealership Name _____

DMV Dealer Number _____ Fax # () - _____ Telephone # () - _____

Contact Name _____

Email Address _____

3. CUSTOMER INFORMATION

a) Has the customer ever had a SC driver's license, permit or ID card? ☐ No ☐ Yes Card #, if known _____

b) Does the customer have a license, permit, or ID from another state? ☐ No ☐ Yes Card #: _____ State: _____

c) Is the customer from another country? ☐ No ☐ Yes If yes, attach **passport** and SCDMV Form [TI-006EVR](#)

d) Customer Number (found on existing vehicle registration card or title) _____

4. CUSTOMER FULL LEGAL NAME (* Mandatory Fields)

* Last Name _____ * First _____ * Middle _____ * Suffix _____

Former name used at DMV _____

* Date of Birth (MM-DD-YY) _____ - _____ - _____ * If US resident, last four digits of customer's Social Security # _____

Previous SC Street Address _____

City _____ ZIP _____

CUSTOMER ADDRESS INFORMATION

5. PHYSICAL ADDRESS

MANDATORY (Residence address, not PO Box)

Street _____

City _____ State _____ ZIP _____

County Code/Name _____ / _____ Country _____

6. SPECIAL MAILING ADDRESS

(If a customer's mailing address is different from their physical address)

Street _____

City _____ State _____ ZIP _____

County Code/Name _____ / _____ Country _____

7. TEMPORARY ADDRESS

(If applicable, address where customer will receive their mail on a temporary basis)

Street _____

City _____ State _____ ZIP _____

County Code/Name _____ / _____ Country _____

Expiration Date (MM-DD-YY) _____ - _____ - _____

By completing this document, I hereby certify that all information contained herein to be true and correct and these changes are being made without fraudulent purpose or intent.

Signature _____

Date _____