South Carolina Department of Motor Vehicles

Application for Beginner's Permit, Driver's License, or Identification Card

Complete this form for Non-Commercial Class Licenses or Permits: D, E, F, G, or M
Commercial Customers must complete Form 447-CDL for Class A, B, or C Licenses or Permits

447-NC
(Rev. 09/2025)

South Carolina and federal law dictate that motor vehicle and driver's license records maintained by the SCDMV may be disclosed in certain situations. For further details on the disclosure of personal information and the types of information disclosed, go to the SCDMV website http://dmv.sc.gov/Privacy.
NOTICE: Renew your non-commercial driver's license online at http://dmv.sc.gov.

STEP 1 - TYPE OF CARD

Commercial driver's license holders and international customers are not eligible to renew online.

A. What type of card do you want? *(Check one)* ☐ Beginner's Permit ☐ Driver's License ☐ Identification Card ☐ Moped

B. Do you want it to be a REAL ID card? *(Check one)* ■ Yes ☐ No

- ***If you select Yes**, you must provide the required documents (if you have not done so already) and a **star** will be printed on your card. Reference the documents required for a REAL ID on Forms MV-93 for US citizens or Form MV-94 for international customers.*
- ***If you select No,** your card will have the words **NOT FOR FEDERAL I.D.** printed across the front of it. You must also provide the required documents if you do not currently have a valid SC card, or you are not a US citizen. Reference the documents required for a standard card (**one** proof of address; proof of identity, date, and place of birth; and social security number) on Forms MV-93 for US citizens or Form MV-94 for international customers.*

C. Are you a citizen of the United States? *(Check one)* ■ Yes ☐ No

STEP 2 - IDENTIFICATION

Beginner's Permit, Driver's License, or ID Number			
Last Name	**First Name**	**Middle Name**	**Suffix**

Residence Address *(Must be your current address of residence and cannot be a P.O. Box)*								County
City or Town		**State**	**Zip Code**		**Phone Number**		**Email Address**	
		SC			( )			
Social Security Number* (SSN)	**Date of Birth**			**Height**		**Weight**	**Eye Color**	**Race**	**Sex**
	Month	Day	Year	Feet	Inches				☐ Male ☐ Female

** Your Social Security number is required pursuant to South Carolina Code of Laws § 56-1-90 and 14-7-130.*

I understand the SCDMV will send mail to the residence address above unless I have specified a special or temporary mailing address below.

OPTIONAL

Complete this section if you want to ADD or DELETE a special and/or temporary mailing address to or from your file.

Special Mailing Address - *Optional to have your mail sent to an address different from residence address.*				County
City or Town	**State**	**Zip Code**	Do you want to DELETE a special mailing address now on file?	☐ Yes

Temporary Mailing Address - *Optional to have your mail sent to an address for a limited time period - An address in this section will NOT change/update your information with the State Election Commission.*				Expiration Date
City or Town	**State**	**Zip Code**	**County**	Do you want to DELETE a temporary mailing address now on file? ☐ Yes

STEP 3- ORGAN AND TISSUE DONATION

☐ **YES**, I want to be an organ and tissue donor.
☐ **YES**, I wish to donate $5.00, more or less, to Donate Life SC. Amount of donation $ _____.00

If you are currently registered you must check "YES" to have the red heart reprinted on your license. *If you marked "YES," A red heart will be printed on the front of your driver's license.* ***Organ Donor Statement -** If you marked YES that you want to be an organ and tissue donor upon death, your authorization shall serve as a legally binding document as outlined under the SC Uniform Anatomical Gift Act. For donors under the age of 18, the legal guardian of the donor shall make the final decision regarding the donation. **If you change your decision** to authorize in the future **or wish to be removed from the SC Organ and Tissue Donor Registry,** you can go online to www.DonateLifeSC.org. You may also have your name removed from the registry by visiting any SCDMV office or dmv.sc.gov while completing a card transaction. The SCDMV will assess an administrative fee for the change and there may be a 72-hour delay in removing your name from the SC Organ and Tissue Donor Registry.*

STEP 4 - VOTER REGISTRATION

(check one)

Do you want to register to vote in South Carolina with the County Registration Board?
You must be a US Citizen, SC resident and meet requirements to register to vote.

☐ **Yes**, I wish to register to vote. ☐ **No**, I do not wish to register to vote. ☐ **No**, I am not eligible to register to vote.

UPDATE VOTER REGISTRATION

Unless you indicate otherwise, the addresses on this application 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.

STEP 5 – OPTIONAL

On my card I wish to be designated as a Veteran, either add or remove the caduceus medical symbol, or be designated as having one of the following medical condition(s).

**If selecting Hearing Impaired, you must provide supporting documents:*

☐ **Hearing Impaired** – Must complete Application for the Hearing Impaired (SCDMV Form RG-004A).

Caduceus Medical Symbol

☐ Add one or more medical conditions and add the caduceus to the front of your card. (Requires physician's signature on Form 447-CAD)

☐ Remove one or more medical conditions that you have disclosed previously (Requires Form 447-CAD. No physician signature is required)

Check the first box if you are voluntarily disclosing that you are Autistic in accordance with SC Code of Laws §56-1-80(A)(8). A physician's signature is required.

☐ Remove all previously disclosed medical conditions and remove caduceus medical symbol from your card. _____ (initial here)

☐ **Veteran** – DD-214 or NGB Form 22 showing that you were discharged honorably or "general under honorable conditions" (NGB Form 22 must also show at least twenty years of qualifying service), a letter from the Military Reserve notifying you that you are eligible for retirement pay at age sixty (twenty-year letter), or a Veteran Identification Card (VIC). A Veteran Health Identification Card (VHIC) is **not** an acceptable document.

STEP 6 - QUESTIONS *1 through 10 **MUST** be answered for permits and licenses.* ***Only answer questions 1 & 2 for an identification card***

1. Do you now have or have you ever had a South Carolina identification card, beginner's permit, driver's license, or moped license? If yes, give the number and name if different from number and name given on this application …….. ☐Yes ☐No
   _____
2. Do you now have or have you ever had an identification card, beginner's permit, driver's license, or moped license from another state or country? If yes, list information from last time issued. **State/Country** _____ **License Number** _____and **Issue Date**_____. ☐Yes ☐No
3. Is your beginner's permit, driver's license, moped license, or privilege to drive suspended, cancelled, revoked or disqualified in any state? If yes, where? _____ when last? _____ ☐Yes ☐No
4. Have you recently surrendered your beginner's permit, driver's license, or moped license in court or to a law enforcement officer? If yes, when? _____Reason _____ ☐Yes ☐No
5. **In the past 12 months** have you experienced a loss of consciousness, muscular control, or seizure?..... ☐Yes ☐No
6. **In the past six months** have you experienced a heart attack or heart surgery?..... ☐Yes ☐No
7. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time? …….. ☐Yes ☐No
8. Are you a habitual user of alcohol or any other drug to a degree that prevents you from safely operating a motor vehicle at this time?..... ☐Yes ☐No
9. Do you have any mental or physical condition preventing you from safely operating a motor vehicle at this time?..... ☐Yes ☐No
   If yes, please list condition(s): _____
10. Has your doctor recommended you not drive or placed restrictions on your driving at this time?..... ☐Yes ☐No
    If yes, what are the restrictions? _____

STEP 7 - AUTOMOBILE INSURANCE INFORMATION *Check and complete the statement that applies to you.*

☐ Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period. COMPANY NAME: _____

☐ No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household.

STEP 8 - CERTIFICATION

I certify under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I also certify that I do not have a valid driver's license other than the one(s) reported in questions #1 and #2 above and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked, or disqualified at the time of this application.

I understand that I am receiving a SC card based on the information provided on this application and that the SCDMV will verify all information. I also understand that if my privilege to drive is ever suspended, cancelled, or revoked in SC or any other state, my SC license will be revoked until I have met all reinstatement requirements in SC and any other state. I understand that the SCDMV will send my information to the United States Selective Service now (18-25 years old) or upon my 18th birthday for registration as required by federal law. I understand I may only decline this registration by a) If 18-25 years old, not getting a card from the SCDMV; or b) If under 18 years old, surrendering my card to the SCDMV before my 18th birthday.

Customer's Printed Name	Customer's Signature	Date

STEP 9 - CONSENT FOR MINOR

This section must only be completed by an authorized adult assuming liability and responsibility for an individual under the age of 18.

Emancipated minors must provide proof of emancipation, such as a court order, marriage certificate, or active military orders.

Authorized Adult's Printed Name	Authorized Adult's Signature	Date

I am authorized to sign for this minor in accordance with S.C. Code Ann. § 56-1-100(A)(1)–(7). I understand that I assume liability and responsibility for the minor listed on this application in accordance with S.C. Code Ann. §§ 56-1-110 and 56-1-120.

SEX OFFENDER REGISTRY NOTICE *SC Code § 23-3-460 states that **a person who has been convicted** anywhere of an offense listed in 23-3-430 must register with the county sheriff within 3 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request.*

FOR THE SCDMV USE ONLY

Qualifies for a REAL ID Card	☐ Yes ☐ No	Comments:								
Type:	☐ Duplicate	☐ Modified	☐ Original	☐ Provisional	☐ Re-exam	☐ Reissue	☐ Renewal	☐ Route Restricted	☐ Temporary Alcohol	
Class:	☐ D	☐ E	☐ F	☐ G (Moped)	☐ ID	☐ M (Motorcycle)	**Restrictions:**			
Vision:	☐ Pass with Corrective Lenses		☐ Pass without Corrective Lenses		☐ Fail					

Employee Signature: _____ Office Number: _____

CUSTOMER PHOTO EXCEPTION REQUESTED:	Medical ☐	Religious ☐	
CONSENT FOR MINOR — SCDMV Authorized Witness:	Employee Signature: _____		