



# South Carolina Department of Motor Vehicles

## APPLICATION FOR A DEALER OR WHOLESALER LICENSE

DLA-1  
(Rev. 10/2026)

This form must be completed in its entirety. If space provided is insufficient, please reply on a separate sheet of paper and attach as part of the application. Submit original bond and power of attorney with application. **Please note:** If you have a new bond (i.e., your bond company has changed), or the bond we have on file is current, you must submit proof of a new bond or the Bond Continuation Certificate with your application to renew your license. A license cannot be renewed in a canceled status. If your license has been canceled, contact the Business License Unit to obtain further requirements.

I.

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                               |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Check One</b>        | <input type="checkbox"/> Renewal <input type="checkbox"/> First Time Application                                                                                                                                                                                                                                                                                                                                                       | <b>Check One</b> | <input type="checkbox"/> Dealer (Retail/Wholesale) <input type="checkbox"/> Recreational Vehicle                                                                              |
|                         | Change of:<br><br><input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Category<br><br><input type="checkbox"/> Ownership <input type="checkbox"/> Personal Representative<br><br>(NOTE: Contact Business License Unit to determine if a new bond is required.)                                                                                                                                     |                  | <input type="checkbox"/> Wholesale (Only) <input type="checkbox"/> Motorcycle Wholesale<br><br><input type="checkbox"/> Motorcycle <input type="checkbox"/> Wholesale Auction |
| <b>Application Fees</b> | <b>Renewal:</b> License Fee \$150   Plate Fee \$20 each<br><b>First Time Application:</b> License Fee \$150   Plate Fee \$20 each (not required at time of application submission)<br><b>Business Name or Address Change:</b> License Fee \$150   Plate Fee \$1 each registration update (submit with application)<br><b>Category Change:</b> License Fee \$150   Plate Fee \$20 each (not required at time of application submission) |                  |                                                                                                                                                                               |
| <b>Check One</b>        | Are you a manufacturer, distributor, or franchisor of motor vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, state law prohibits retail sales of motor vehicles by manufacturer, distributor, or franchisor making you ineligible for a dealer or wholesaler license.                                                                                                                                     |                  |                                                                                                                                                                               |

II.

|                                                                                                                                                                                                                                                               |  |       |  |       |  |                 |  |   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|-------|--|-----------------|--|---|--|
| <b>I (we) hereby apply for license to engage in the PRINCIPAL BUSINESS of selling or dealing in motor vehicles within the State of South Carolina.</b>                                                                                                        |  |       |  |       |  |                 |  |   |  |
| Name of Dealership                                                                                                                                                                                                                                            |  |       |  |       |  |                 |  |   |  |
| Dealership Street Address                                                                                                                                                                                                                                     |  |       |  |       |  |                 |  |   |  |
| City                                                                                                                                                                                                                                                          |  | State |  | ZIP   |  | County          |  |   |  |
| Special Mailing Address                                                                                                                                                                                                                                       |  | City  |  | State |  | ZIP             |  |   |  |
| Cell Number:                                                                                                                                                                                                                                                  |  | -     |  | -     |  | Business Number |  | - |  |
| Email Address:                                                                                                                                                                                                                                                |  |       |  |       |  |                 |  |   |  |
| Do you conduct business at a location other than the principal business address? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Property must be adjacent to or within sight of your principal business address and must display the same sign) |  |       |  |       |  |                 |  |   |  |
| Contiguous Property Street Address                                                                                                                                                                                                                            |  |       |  |       |  |                 |  |   |  |
| Have you met all requirements, if any, to lawfully conduct business at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                |  |       |  |       |  |                 |  |   |  |
| <b>Check Only One:</b> <input type="checkbox"/> Franchised <input type="checkbox"/> Non-franchised                                                                                                                                                            |  |       |  |       |  |                 |  |   |  |
| If franchised, list Make(s) of Vehicles:    1.      2.      3.                                                                                                                                                                                                |  |       |  |       |  |                 |  |   |  |

III.

|                                                                                                                                                            |                            |                                                    |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|-------------------------|
| <b>1. Do you have a surety bond in effect?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                    |                            |                                                    |                         |
| <b>Name of Surety Company</b>                                                                                                                              |                            | <b>Name of Liability Insurance</b>                 |                         |
| Address of Surety Company<br>(Street, City, State, ZIP)                                                                                                    |                            | Name of Policyholder<br>(Dealership's Name)        |                         |
| Surety Bond #                                                                                                                                              |                            | Policy #                                           |                         |
| Effective Date      /      /      to      /      /                                                                                                         |                            | Effective Date      /      /      to      /      / |                         |
| Name of Principal<br>(Dealership's Name)                                                                                                                   |                            | Name of Agent/Agency                               |                         |
| Telephone # of Bond Comp.      -      -                                                                                                                    |                            | Telephone # of Agent      -      -                 |                         |
| <b>2. Was the business a licensed South Carolina dealer/wholesaler during the previous years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                                                    |                         |
| If yes, list the license #                                                                                                                                 |                            | Indicate # of demonstration plates assigned        |                         |
|                                                                                                                                                            | <b># of Motor Vehicles</b> | <b># of Recreational Vehicles</b>                  | <b># of Motorcycles</b> |
| <b>PURCHASED (during previous year)</b>                                                                                                                    |                            |                                                    |                         |
| <b>SOLD (during previous year)</b>                                                                                                                         |                            |                                                    |                         |



# South Carolina Department of Motor Vehicles

## APPLICATION FOR A DEALER OR WHOLESALE LICENSE

DLA-1  
(Rev. 10/2026)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First time dealers or dealers licensed less than one calendar year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I hereby estimate that I will sell approximately _____ motor vehicles and will insure _____ plates during the upcoming year. I understand that the number of license plates may be increased or decreased according to actual sales. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3. Sales Tax number assigned by S.C. Department of Revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                      | (Sales Tax #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 4. Do you sell motor vehicles on credit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5. If yes to #4, have you filed any credit notifications or maximum rate documents with the Department of Consumer Affairs?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6. Do you have a Dealer's Manual? (Note: The Dealer Manual is available at <a href="http://dmv.sc.gov">dmv.sc.gov</a> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| For the following questions, use a separate sheet of paper if there is not enough space provided on this form for your answers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7. Do you use a floor planner? If yes, list the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Floor Planner Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Address                                                                                                                                                                                                                              | Contact Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 8. Is your business financially backed by another person or business? If yes, list the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Name/Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                              | Contact Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| If applicable, this business is a subsidiary of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Name/Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                              | Contact Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 9. Does your business financially back any other dealer or wholesaler? If yes, list the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Address                                                                                                                                                                                                                              | Contact Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 10. Has the applicant, any owner, any sales personnel, or agency been licensed in any state or jurisdiction as a motor vehicle dealer? If yes, answer the following <b>on a separate sheet of paper</b> : a) name of business, b) address, and c) the dates the business was in operation. Also indicate whether any claims or charges of fraudulent or deceptive trade practices or odometer rollbacks were brought against these individuals or entities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 11. Has the applicant, any owner, any sales personnel, or agency ever:<br>a) made a material misstatement in an application for a dealer license?<br>b) violated any provision of Chapter 15 of Title 56 or Article 3 of Chapter 19 of Title 56?<br>c) committed any fraud connected with the sale or transfer of a motor vehicle?<br>d) employed fraudulent devices, methods, or practices in connection with meeting the requirements placed on dealers and wholesales by the laws of this State?<br>e) violated any law involving the acquisition or transfer of a title to a motor vehicle?<br>f) tampered with, altered, or removed motor vehicle information or markings?<br>g) violated any federal or state law regarding the disconnecting, resetting, altering, or other unlawful tampering with a motor vehicle odometer, including the provisions of 49 USC 32701-32711?<br>h) given, loaned, or sold a dealer license plate to any person or otherwise allowed the use of any dealer license plate in any way not authorized by Section 56-3-2320?<br>i) accepted or delivered a certificate or title to any other dealer, wholesaler, or any other person in which the title or assignment of title is signed in blank? <b>or</b><br>j) failed to maintain records of each motor vehicle transaction as required by Chapter 15 of Title 56 or by state or federal law pertaining to odometer records?<br>If you check yes for any above, give: a) details related to event, and b) if criminal charges were involved: 1) name and address of court; 2) the name and address of the law enforcement agency involved; 3) date of any arrests, indictments, and convictions; 4) name of offenses charged or convicted of; and 5) if convicted, punishment imposed. Provide all details <b>on a separate sheet of paper for each event checked yes</b> and provide copies of any relevant paperwork related to each event. |                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Has the applicant, any owner, any sales personnel, or any agent been convicted of, pled guilty to, or pled nolo contendere to any of the following offenses, in any state, within the last 10 years:<br>a) A violent crime as defined in S.C. Code 16-1-60?<br>b) a crime involving illegal drugs, other than simple possession of marijuana?<br>c) a crime involving tax evasion or failure to pay taxes or fees as required by law?<br>d) a crime involving the illegal use, carrying, or possession of a dangerous weapon?<br>e) any crime having an element of identity theft, misuse of another person's identity information, larceny, embezzlement, false statements, falsification of documents, false swearing or dishonest or deceitful dealing? <b>or</b><br>f) a crime having an element of criminal sexual battery or conduct of any type or degree with a minor or any adult?<br>If you check yes for any above, give: a) details related to event, b) name and address of court, c) the name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |



# South Carolina Department of Motor Vehicles

## APPLICATION FOR A DEALER OR WHOLESALER LICENSE

DLA-1  
(Rev. 10/2026)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|----------------------------------------------------------|
| and address of the law enforcement agency involved, d) date of any arrests, indictments, and convictions, e) name of offenses originally charged and offenses eventually convicted of; f) punishment imposed, and g) whether registration as a sex offender is required under South Carolina law. Provide all details <b>on a separate sheet of paper for each event checked yes</b> and provide copies of any relevant paperwork related to each event. |  |                           |                                                          |
| 13. Has the license or demonstration plates of your business or any employee of your business ever been suspended, revoked, or subject to suspension or revocation? If yes, give details <b>on a separate sheet of paper</b> .                                                                                                                                                                                                                           |  |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Do you have an immediate family member (spouse, parent, stepparent, child, stepchild, sister, brother, grandparent, and grandchild) who is or has ever been a licensed dealer in this state? If yes, give details <b>on a separate sheet of paper</b> .                                                                                                                                                                                              |  |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. List <b>Owner(s)</b> : <b>a)</b> complete name (do not use initials), <b>b)</b> address, <b>c)</b> driver's license number of the actual owner of the business, <b>d)</b> date of birth, and <b>e)</b> social security number. (Any person who has at least 10% ownership in the business.) Please list additional owners on a <b>separate sheet of paper</b> .                                                                                      |  |                           |                                                          |
| Name of Owner                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Residence Address         | Driver's License No.                                     |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Social Security No.       |                                                          |
| 16. List all <b>Sales Manager(s)</b> : <b>a)</b> name, <b>b)</b> address, and <b>c)</b> driver's license number of principal sales manager of your business. Please list additional managers on a <b>separate sheet of paper</b> .                                                                                                                                                                                                                       |  |                           |                                                          |
| Name of Sales Manager                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Address of Sales Manager  | Driver's License No.                                     |
| 17. List all <b>Employee(s)</b> : <b>a)</b> name, <b>b)</b> address, and <b>c)</b> driver's license number of employees/agents of your business. Please list additional employees/agents on a <b>separate sheet of paper</b> .                                                                                                                                                                                                                           |  |                           |                                                          |
| Name of Employee/Agent                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Address of Employee/Agent | Driver's License No.                                     |
| 18. Have you met all requirements with the city or county where you're requesting to be licensed?                                                                                                                                                                                                                                                                                                                                                        |  |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**IV.** Under penalties of perjury, I declare that I am the owner, partner, or corporate officer of the business named on this application and that all the information is true and correct. I further understand that false responses to these questions may result in denial, suspension, or revocation of the license being sought and may subject me to prosecution for perjury and other criminal offenses. I have freely and knowingly executed the formalities of an oath in this affirmation and I hereby certify that I am authorized to apply for the license.

|                                                  |                                                        |               |
|--------------------------------------------------|--------------------------------------------------------|---------------|
| _____<br>Signature of Owner or Corporate Officer | _____<br>Print Full Name of Owner or Corporate Officer | _____<br>Date |
|--------------------------------------------------|--------------------------------------------------------|---------------|

### MAIL OR EMAIL ALL FORMS AND DOCUMENTS TO:

| Standard Mail                                                                                                                                                                                                                                                                                                                 | Overnight Mail                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>South Carolina Department of Motor Vehicles</b><br>Attn: Business License Unit<br>P.O. Box 1498   Blythewood, South Carolina 29016-0023<br>Phone: (803) 896-2611   Fax: (803) 896-8172<br><a href="https://dmv.sc.gov">https://dmv.sc.gov</a>   <a href="mailto:dealerdocuments@dmv.sc.gov">dealerdocuments@dmv.sc.gov</a> | South Carolina Department of Motor Vehicles<br>Attn: Business License Unit<br>10311 Wilson Blvd., Building C   Blythewood, SC 29016-0023<br>Phone: (803) 896-2611   Fax: (803) 896-8172<br><a href="https://dmv.sc.gov">https://dmv.sc.gov</a>   <a href="mailto:dealerdocuments@dmv.sc.gov">dealerdocuments@dmv.sc.gov</a> |