

APPLICATION FOR CERTIFICATE OF TITLE/REGISTRATION

S.C. Department of Public Safety
Division of Motor Vehicles
P.O. Box 1498
Columbia, S.C. 29216

STAPLE HERE ONLY	
Original Title _____	_____
Duplicate Title _____	_____
Purchase Tag _____	_____
Transfer Tag _____	_____

PLEASE READ INSTRUCTIONS

If you intend to operate this vehicle, you MUST purchase a license plate or transfer a license plate. Please see instructions "A" or "C" below.

<p>IF LICENSE TAG IS TO BE PURCHASED:</p> <p>(1) Complete Section 1, 2, 4, 5*, and 6 of this application and submit:</p> <p>(2) a. Manufacturer's Statement of Origin, or title** properly assigned to new owner, (if out-of-state title is held by lienholder, submit out-of-state registration).</p> <p>b. Certified Odometer Mileage Statement for each sale.</p> <p>c. Paid property tax receipt from county of residence for vehicle being registered.</p> <p>d. Fee - See Fee Schedule (Casual Excise or Use Tax is not included***).</p> <p>(3) If applying by mail, use zip code 29216-0019.</p> <p>IF APPLYING FOR DUPLICATE TITLE:</p> <p>Original title was: (check one only)</p> <p>_____ Lost _____ Stolen, or _____ Mutilated</p> <p>(1) Complete Sections 1, 6, and 7* of this application.</p> <p>(2) If title has been mutilated, title must be submitted.</p> <p>(3) Submit fee of \$5.00.</p> <p>(4) If applying by mail, use zip code 29216-0024.</p> <p>IF LICENSE TAG IS BEING TRANSFERRED (Same Owner's Name)</p> <p>(1) Complete Sections 1, 2, 4, 5*, and 6.</p> <p>(2) Submit the following:</p> <p>a. Title** or Manufacturer's Statement of Origin properly assigned to new owner.</p> <p>b. Certified Odometer Mileage Statement from previous owner.</p> <p>c. Previous registration in same registered owner's name.</p> <p>d. Fee - See Fee Schedule</p> <p>(3) If applying by mail, use zip code 29216-0019.</p> <p>IF APPLYING FOR ONLY A TITLE:</p> <p>(1) Complete Section 1, 3*, 4*, 5*, 6 and 7* of this application.</p> <p>(2) Previous title** properly assigned (lien properly satisfied).</p> <p>(3) Submit fee of \$5.00 (Casual Excise or Use Tax is not included***).</p> <p>(4) If applying by mail, use zip code 29216-0026.</p> <p>NOTE: A copy of this application for a mobile home must be filed with the County Auditor's Office in which the mobile home is titled.</p>	<p style="text-align: center;">FEE SCHEDULE</p> <p style="text-align: center;">Personal checks accepted in applicant's name only. DO NOT SEND CASH.</p> <p>Passenger cars - \$24.00 fee (Persons 65 years of age or older or persons who are disabled, \$20.00 upon proof by driver's license number, department issued identification card number or social security number _____)</p> <p>Date of Birth _____</p> <p>If disabled, attach a statement from a medical doctor as to the permanency of the disability. Placard # _____</p> <p>Motorcycles - \$10.00 fee</p> <p>Utility or Camper Trailers - \$10.00 fee</p> <p>Trailers with empty weight in excess of 2500 lbs. - \$20.00 fee</p> <p>Trucks, Truck-Trailers and Road Tractors (All Property Carrying Vehicles)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">GROSS VEHICLE WEIGHT</th> <th style="text-align: left;">FEE</th> </tr> <tr> <td>0001-4000</td> <td>\$30.00</td> </tr> <tr> <td>4001-5000</td> <td>\$40.00</td> </tr> <tr> <td>5001-6000</td> <td>\$60.00</td> </tr> <tr> <td>6001-7000</td> <td>\$70.00</td> </tr> <tr> <td>7001-8000</td> <td>\$80.00</td> </tr> <tr> <td>8001-9000</td> <td>\$90.00</td> </tr> </table> <p>(Schedule of fees for over 9000 lbs. furnished upon request)</p> <p>Transfer - \$3.00 fee (Additional fees may be due when transferring a plate to a truck.)</p> <p>Title - \$5.00</p> <p>PENALTY FEES - (In addition to regular fees)</p> <p>Failure to register within 45 days is as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>46 to 75 days</td> <td>- \$ 5.00</td> </tr> <tr> <td>76 to 135 days</td> <td>- \$10.00</td> </tr> <tr> <td>Over 135 days</td> <td>- \$25.00</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">DMV USE ONLY</p> <table style="width: 100%;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">RATED BY</th> </tr> <tr> <td>19__LIC. FEE</td> <td>_____</td> </tr> <tr> <td>19__LIC. FEE</td> <td>_____</td> </tr> <tr> <td>Use or Excise Tax</td> <td>_____</td> </tr> <tr> <td>Penalty</td> <td>_____</td> </tr> <tr> <td>Wt. Increase</td> <td>_____</td> </tr> <tr> <td>Transfer 19__</td> <td>_____</td> </tr> <tr> <td>Title</td> <td>_____</td> </tr> <tr> <td>Gift of Life Fund</td> <td>_____</td> </tr> <tr> <td>Total</td> <td>_____</td> </tr> </table> </div> <p>* Additional information only if applicable. ** S.C. Title dated prior to June, 1989 must be signed over on back and be accompanied by a Bill of Sale. *** 5% of selling price (\$300.00 maximum)</p>	GROSS VEHICLE WEIGHT	FEE	0001-4000	\$30.00	4001-5000	\$40.00	5001-6000	\$60.00	6001-7000	\$70.00	7001-8000	\$80.00	8001-9000	\$90.00	46 to 75 days	- \$ 5.00	76 to 135 days	- \$10.00	Over 135 days	- \$25.00	CLASS	RATED BY	19__LIC. FEE	_____	19__LIC. FEE	_____	Use or Excise Tax	_____	Penalty	_____	Wt. Increase	_____	Transfer 19__	_____	Title	_____	Gift of Life Fund	_____	Total	_____
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SECTION 1 ENTIRE FORM TO BE TYPED OR PRINTED IN BLACK INK

Make of Vehicle	Year Make	Title Number (DO NOT WRITE IN THIS BLOCK)			Vehicle Tag No.	Tag (Validation) No.
Model No.	New _____ Used _____	Vehicle Identification Number			Exp. Date of Tag	Gross Wgt.
Body Style	Veh. Wgt.	Odometer Mileage	Surrendered Title No.	State	Date Brought Into S.C./Date Established Residency	Date Acquired
Name of Owner(s)					City Limits Yes _____ No _____	
Street Address (For Special Mailing, use lower right corner)					Vehicle Used (Check One) _____ Privately _____ Commercially	
City		State	Zip Code	county	From Whom Vehicle Purchased (Check One) _____ Dealer _____ Individual S.C. Dealer's / Wholesaler's Number _____	
Vehicle is subject to the following liens: _____ Date: _____					Sales Price _____ Sales Tax No. _____	
1st lien Address					Name of Seller	
City		State	Zip Code	Address		
2nd lien _____ Date: _____					City _____ State _____ Zip Code _____	
Address					Special Mailing Address of New Owner	
City		State	Zip Code	City _____ State _____ Zip Code _____		

SECTION 2	INSURANCE CERTIFICATION	SALVAGE PERCENTAGE
Under penalties of perjury, I declare that this vehicle is insured with the company named below, and I will maintain liability insurance throughout the registration period. _____ Name of Insurance Company		Formula for Percentage: Predamaged Value _____ Estimate for Repairs _____ Percentage _____

SECTION 3	SALVAGE VEHICLE INFORMATION
The vehicle described on this application is: (Check One) <input type="checkbox"/> Rebuildable <input type="checkbox"/> Non-Rebuildable (These vehicles may not be re-titled) Furthermore, the vehicle sustained the following damage: <input type="checkbox"/> Collision <input type="checkbox"/> Fire <input type="checkbox"/> Water <input type="checkbox"/> Stolen (Recovered) <input type="checkbox"/> Stolen (Unrecovered)	

SECTION 4	ODOMETER MILEAGE STATEMENT
I state that the odometer now reads _____ (no tenths) and to the best of my knowledge that it reflects the ACTUAL MILEAGE of the vehicle described herein, UNLESS one of the following statements is checked. STOP! DO NOT check one of the following unless it applies. <input type="checkbox"/> 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in EXCESS of its mechanical limits. <input type="checkbox"/> 2. I hereby certify that the odometer reading is NOT the actual mileage. WARNING: ODOMETER DISCREPANCY WARNING: Federal and state law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.	

SECTION 5	CASUAL SALES TAX EXEMPTION
Vehicles purchased from individuals and titled in South Carolina are subject to an excise tax unless exempt. The tax is 5% of the sales price up to a maximum of \$300.00. (Mobile homes are calculated differently) <div style="text-align:center;"><u>EXEMPTIONS</u></div> <input type="checkbox"/> Vehicle transferred from: (check one) <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> wife <input type="checkbox"/> husband <input type="checkbox"/> son <input type="checkbox"/> daughter <input type="checkbox"/> sister <input type="checkbox"/> brother <input type="checkbox"/> grandparent <input type="checkbox"/> grandchild <input type="checkbox"/> This vehicle is transferred to me as: (check one) <input type="checkbox"/> legal heir <input type="checkbox"/> beneficiary <input type="checkbox"/> distributee <input type="checkbox"/> I am a non-resident military person <input type="checkbox"/> Bonafide gift	

SECTION 6	SIGNATURE OF OWNER
Under penalties of perjury, I declare that I am the owner of this vehicle and request that a South Carolina certificate of title and/or registration be issued. I further certify that the information on this application is correct to the best of my knowledge. The vehicle is subject to the liens named and no others. _____ Signature of Owner(s) - must be signed in ink by each owner or authorized agent	

SECTION 7	SATISFACTION OF LIENS			
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> SATISFACTION OF FIRST LIEN This is to certify that the lien against the vehicle has been fully satisfied on _____ Yr. _____ NAME OF LIENHOLDER _____ By _____ Title _____ </td> <td style="width:50%; vertical-align:top;"> SATISFACTION OF SECOND LIEN This is to certify that the lien against the vehicle has been fully satisfied on _____ Yr. _____ NAME OF LIENHOLDER _____ By _____ Title _____ </td> </tr> </table>			SATISFACTION OF FIRST LIEN This is to certify that the lien against the vehicle has been fully satisfied on _____ Yr. _____ NAME OF LIENHOLDER _____ By _____ Title _____	SATISFACTION OF SECOND LIEN This is to certify that the lien against the vehicle has been fully satisfied on _____ Yr. _____ NAME OF LIENHOLDER _____ By _____ Title _____
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SECTION 8	Do you wish to donate \$1.00 to the Gift of Life Trust Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____	
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