

South Carolina Department of Motor Vehicles Title Application

No strikeovers, erasures or correction fluid is acceptable on this form.

THIS FORM VERSION NOT VALID AFTER MARCH 22. 2022

South Carolina and federal law dictates 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 www.scdmvonline.com/Privacy.

Applications are accepted at SCDMV branches or can be mailed to: SCDMV P.O. Box 1498 - 10311 Wilson Blvd, Blythewood, SC 29016-0038 Motor Carrier Services applications can be mailed to SCDMV P.O. Box 1498, Blythewood, SC 29016-0027. Visit our website www.scdmvonline.com for a complete list of required documents and fees. EXPEDITE (additional \$20.00 fee) Check here to expedite this title. Title can only be expedited in branch office. SECTION A **CHECK ALL THAT APPLY** ☐ TITLE ■ NEW PLATE ☐ TRANSFER PLATE NUMBER □ LEASE ☐ MOPED □ RECORD LIEN ■ DUPLICATE TITLE

VEHICLE IDENTIFICATION NUMBER	MAKE	MODEL	YEAR	BODY STYLE
FUEL TYPE (GAS OR ELECTRIC)	EMPTY WEIGHT	GVW	MOPED -	ENGINE CUBIC CENTIMETERS OR WATTAGE
SECTION C - ODOMETER MILEAGI FEDERAL AND STATE LAW REQUIRES THAT YOU		WITH THE TRANSFER OF OWNERSH	IP. FAILURE TO COMPLETE OF	PROVIDING A FALSE STATEMENT MAY RESUL
			BEST OF MY KNOWLEDGE TH	AT IT REFLECTS THE ACTUAL MILEAGE
CAUTION EXEMPT I CERTIFY THAT TO THI	E BEST OF MY KNOWLEDGE THE ODO	METER READING REFLECTS THE AMO	DUNT OF MILEAGE IN EXCESS	OF ITS MECHANICAL LIMITS.

SECTION D - OWNER/LESSEE INFORMATION Your complete legal name must be used on all title and registration documents SC CUSTOMER NO., DRIVER LICENSE NO., SOC. SEC., OR FEIN NEW PRIMARY OWNER/LESSEE COMPLETE LEGAL NAME (LAST, FIRST, MIDDLE) DATE OF BIRTH NEW CO-OWNER/LESSEE COMPLETE LEGAL NAME (LAST, FIRST, MIDDLE) SC CUSTOMER NO., DRIVER LICENSE NO., SOC. SEC., OR FEIN DATE OF BIRTH SHARED OWNERSHIP ☐ AND ☐ OR PRIMARY OWNER'S/LESSEE RESIDENCE STREET ADDRESS (APT. NO. IF APPLICABLE) STATE ZIP CODE COUNTY UPDATE ADDRESS MAILING ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP CODE COUNTY UPDATE ADDRESS ZIP CODE ADDRESS WHERE VEHICLE IS HOUSED (IF DIFFERENT FROM ABOVE) CITY STATE COUNTY SC EXPIRATION OF TEMPORARY ADDRESS DAYTIME TELEPHONE NUMBER TEMPORARY ADDRESS (IF APPLICABLE)

Complete only for a leased vehicle. SECTION E - LEASING COMPANY INFORMATION LEASING COMPANY NAME PHONE NO. CONTACT PERSON CUSTOMER NO. ADDRESS CITY STATE ZIP CODE COUNTY

SECTION F - LIEN IN	FORMATION If you are a lienholder, are you a SC ELT pa	rticipant?] No		
CUSTOMER NO., OR FEIN	LIENHOLDER NAME (FIRST LIEN) Write "None" if vehicle is paid in full.	DATE OF LIEN	CONTACT PERSON	Τ	ELEPHONE NUMBER
MAILING ADDRESS		CITY		STATE	ZIP CODE
CUSTOMER NO., OR FEIN	LIENHOLDER NAME (SECOND LIEN)		CONTACT PERSON		ELEPHONE NUMBER
MAILING ADDRESS		CITY		STATE	ZIP CODE

Form 400



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Form 400 (02/2022)

SECTION G - DISCLOSUR	E Required for	vehicles 26,000 lbs. or great	ter and bus	common carriers	only.	
VEHICLE IS REGISTERED WITH A C	GROSS VEHICLE WEIGHT OF	ENT SHALL OBTAIN THE FEDERAL MORE THAN 26,000 POUNDS OR A I RSONAL INFORMATION CONTAINED	BUS COMMON (CARRIER. THE DRIVER		
SSN		OR	FEIN			
VEHICLE PURCHASED FROM INDIVIDU		ction if you are entitled to a sales tax COLINA ARE SUBJECT TO IMF/SALES TA		-		
\$500.00. (MOBILE HOMES ARE CALCU						
THE VEHICLE WAS TRANSFERRE	0			OTHER/SISTER	MY GRANDPARENT	MY GRANDCHILD
THE VEHICLE WAS TRANSFERRE	D TO ME AS:	LHEIR BENEFICIARY DISTRI	BUTEE			
I AM ACTIVE DUTY MILITARY	THE	VEHICLE WAS A BONAFIDE GIFT				
C						
DATE OF PURCHASE	. INFORMATION DATE FIRST OPERATED IN S.C			ENERGY EFFICIENT MA	NUFACTURED/MOBILE H	OME2
DATE OF FORGINGE	DATE TINGS OF ENAMED IN 6.0	•		YES NO	NOT ACTORED/MOBILE TO	OIVIL:
NEW OR USED	PRIOR TITLE NUMBER			PRIOR TITLE STATE		
SELLER OR DEALER NAME	RMATION	SC DEALER/WHOLESALER NUMBER	SC SALES	TAX NUMBER	SALES PRICE	TRADE-IN AMOUNT
ADDRESS			CITY		STATE	ZIP CODE
SECTION K - INSURANCE	CERTIFICATION					
A VEHICLE MUST BE INSURED WITH WHETHER OR NOT IT IS OPERATED.		SE WHEN IT IS REGISTERED AND IT MU IOLATION OF THIS REQUIREMENT.	ST REMAIN INSU	RED WHILE REGISTERED), THE UNINSURED MOTO	RIST FEE MUST BE PAID
I (WE) DECLARE THAT THIS VEHICLE	IS <u>Insured</u> by a <u>Liability ins</u>	URANCE POLICY ISSUED THROUGH AN	I INSURANCE CO	MPANY LICENSED TO DO	BUSINESS IN SOUTH CA	ROLINA.
NAME OF INSURANCE COMPANY						
SECTION L - DONATE LIFE						
YES, I WISH TO DONATE \$5.00, MORI	E OR LESS, TO DONATE LIFE SC	. AMOUNT OF DONATION: \$				
SECTION M - SIGNATURE	OF OWNER					
		UTH CAROLINA CERTIFICATE OF TITLE AND TIFY THAT I AM FAMILIAR WITH THE FEDER				
REGULATIONS. UNDER PENALTY OF PE	RJURY, I CERTIFY ALL INFORMATIO	N PROVIDED IS TRUE AND CURRENT.				
OWNER		DATE CO-	OWNER			DATE
SIGNATURE C	OF OWNER(S) - MUST BE SIGNED	IN INK BY OWNER OR AUTHORIZED AC	SENT (ATTACH PC	WER OF ATTORNEY IF A	PPLICABLE)	
		OF PURCHASE OR THE DATE ON FEES. THE LATE PENALT				IN PENALTY FEES
46 - 60 DAYS LATE - \$10.00	61 - 75 DAYS LATE - \$				OAYS LATE - \$75.00	
THIS SECTION FO	OR DEALERS ONLY			THIS SECTION	ON FOR DMV USE	ONLY
THE ABOVE VEHICLE IS F						
DEALER USE	OT BE CHARGED ON R	ENTAL CAP				
☐ VEINTAL - IIVIL MITTING	OT BE CHARGED ON R	LIVIAL CAR	PROCE	SSED BY AND O	FFICE #	PLATE NUMBER