



South Carolina Department of Motor Vehicles

Change of Address, Name, Date of Birth, and/or Social Security Number

4057
(Rev. 06/17)

You have 10 calendar days to update your record with the SCDMV when you permanently move from the address listed on your credential (driver's license, beginner's permit, or identification card) or when your legal name is changed by marriage or court order. SC Code Section 56-1-230

Please check and complete all sections that apply in black ink.

My name on record with the Department of Motor Vehicles is:													
Name: _____ Date of Birth: _____ <small style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Suffix </small>													
Title and registration information (Please place additional vehicle information on the back of this form)													
Customer Number _____	Vehicle Identification No. _____												
License Plate No. _____	Make of Vehicle _____												
Driver record information													
Customer Number _____	Driver's License No. _____												
Identification Card No. _____	Beginner's Permit No. _____												
<input type="checkbox"/> Residence address change - Address where you reside or the address where the company is located. Cannot be a PO Box. My residence address is:	<input type="checkbox"/> Housed address change - Address used for a vehicle that is primarily at an address different from the residence/company address. Example: company vehicle. My housed address is:												
Street address _____	Street address _____												
City _____ State _____ Zip Code _____ County _____	City _____ State _____ Zip Code _____ County _____												
<input type="checkbox"/> Mailing address change - Address where you want SCDMV to send your mail. My mailing address is:	<input type="checkbox"/> Temporary address change - Address where you will receive your mail on a temporary basis. My temporary address is:												
Street address _____	Street address _____												
City _____ State _____ Zip Code _____ County _____	City _____ State _____ Zip Code _____ County _____												
<input type="checkbox"/> Name change - A court order, marriage license, or current passport or passport card in your legal name, must accompany this form. Your name must be updated with the Social Security Administration (SSA) first because the SCDMV is required to verify that your name matches SSA's files before issuing a credential. <i>You have one opportunity at the time of marriage to change your middle and/or last name. You may not change your name again to a different variation of the married name without a court order. Name changes cannot be done through the mail or online.</i>													
I hereby request that my name in the SCDMV records be changed to:													
Last _____ First _____ Middle _____ Suffix _____													
<input type="checkbox"/> Date of birth correction													
date of birth shown on SCDMV records	correct date of birth												
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Supporting documentation is required. Please see SCDMV form MV-93 or MV-94 for a list of acceptable documents to justify the correction.													
<input type="checkbox"/> Social security number correction													
social security number shown on SCDMV records	correct social security number												
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Voter registration	<i>You must be physically present in an SCDMV branch to update voter registration information. Customers not transacting business in an SCDMV branch should contact their County Board of Voter Registration to update voter registration information.</i>												
<input type="checkbox"/> Yes, I wish to update my voter registration address (customer must be physically present in an SCDMV branch). <input type="checkbox"/> No, I do not wish to update my voter registration address.													
I hereby state that all information given and statements made herein are true and correct, and these changes are being made without fraudulent purpose or intent.													

Customer's Signature _____

Date _____

Signature of SCDMV Customer Service Representative _____

SCDMV Branch Name and Number _____

**Mail your application with all needed supporting documents to: SC Department of Motor Vehicles
 Alternative Media
 PO Box 1498
 Blythewood, SC 29016-0035**