



South Carolina Department of Motor Vehicles

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

447-NC
(Rev. 02/2021)

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

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.

NOTICE: Renew your non-commercial driver's license online at www.scdmvonline.com.
Commercial driver's license holders and international customers are not eligible to renew online.

STEP 1 - TYPE OF CARD

- A. What type of card do you want? (Check one)** Beginner's Permit Driver's License Identification Card Moped
- B. Do you want it to be a REAL ID card? (Check one)** Yes No

- If you select Yes**, you must provide the required documents (if you have not done so already) and a **gold star** will be printed on your card. Reference the documents required for a REAL ID on Forms MV-93 for US citizens or Form MV-94 for international customers.
- If you select No**, you must complete a Statement of Understanding (Form DL-005A) because your card will have the words **NOT FOR FEDERAL IDENTIFICATION** printed across the front of it. You must also provide the required documents if you do not currently have a valid SC card or you are not a US citizen. Reference the documents required for a standard card (**one** proof of address; proof of identity, date and place of birth; and social security number) on Forms MV-93 for US citizens or Form MV-94 for international customers.

STEP 2 - IDENTIFICATION					Beginner's Permit, Driver's License, or ID Number					Customer Number									
Last Name					First Name					Middle Name					Suffix				
Residence Address (Must be your current address of residence and cannot be a P.O. Box)										County									
City or Town			State		Zip Code			Phone Number ()			Email Address								
Social Security Number* (SSN)			Date of Birth		Height		Weight		Eye Color		Race		Gender						
			Month	Day	Year		Feet	Inches					<input type="checkbox"/> Male	<input type="checkbox"/> Female					

* Your Social Security number is required for the purposes of identifying you and preparing jury lists pursuant to South Carolina Code of Laws Sections 56-1-90 and 14-7-130.

I understand the SCDMV will send mail to the residence address above unless I have specified a special or temporary mailing address below.
Complete this section if you want to ADD or DELETE a special and/or temporary mailing address to or from your file.

OPTIONAL	Special Mailing Address - Optional to have your mail sent to an address different from residence address										County				
	City or Town			State		Zip Code			Do you want to DELETE a special mailing address now on file?			<input type="checkbox"/> Yes			
Temporary Mailing Address - Optional to have your mail sent to an address for a limited time period										Expiration Date					
City or Town			State		Zip Code			County			Do you want to DELETE a temporary mailing address now on file?			<input type="checkbox"/> Yes	

STEP 3 - OPTIONAL	On my card I wish to be designated as being:	<input type="checkbox"/> Autistic – Must provide a statement that you are medically diagnosed with autism from a physician who is licensed to practice in SC.
		<input type="checkbox"/> Hearing Impaired - Must complete Application for the Hearing Impaired , SCDMV form RG-004A.
		<input type="checkbox"/> Veteran - Must provide DD-214 that indicates you were honorably discharged or one of the other acceptable documents listed on the 447-NC information sheet.

STEP 4 - ORGAN AND TISSUE DONATION		<input type="checkbox"/> YES , I want to be an organ and tissue donor. <input type="checkbox"/> YES , I wish to donate \$5.00, more or less, to Donate Life SC. Amount of donation \$ _____ .00	
<p>If you are currently registered you must check "YES" to have the red heart reprinted on your license. If you marked "YES," you verify that you have read the organ donor statement below and you authorize the SCDMV to send your personal information to the SC Organ and Tissue Donor Registry. A red heart will be printed on the front of your driver's license.</p> <p>Organ Donor Statement - If you marked YES that you want to be an organ and tissue donor upon death, your authorization shall serve as a legally binding document as outlined under the SC Uniform Anatomical Gift Act. Except in the case where the donor is under the age of 18, the donation does not require the authorization of any other person. For donors under the age of 18, the legal guardian of the donor shall make the final decision regarding the donation.</p> <p>If you change your decision to authorize in the future or wish to be removed from the SC Organ and Tissue Donor Registry, you can go online to www.DonateLifeSC.org or contact Donate Life SC at 1-87-PASS-IT-ON. You may also have your name removed from the registry by visiting any SCDMV office or www.SCDMVonline.com while completing a credential transaction. The SCDMV will assess an administrative fee for the change and there may be a 72 hour delay in removing your name from the SC Organ and Tissue Donor Registry.</p>			

STEP 5 - VOTER REGISTRATION (check one)	<p style="text-align: center;">Do you want to register to vote or update your address with the County Registration Board? * Must be a US Citizen and meet requirements to complete an SCDMV Voter Registration Application.</p> <p><input type="checkbox"/> Yes, I wish to register to vote or update my voter registration address. <input type="checkbox"/> No, I do not wish to register to vote.</p> <p><input type="checkbox"/> No, I am not eligible to register to vote. <input type="checkbox"/> No, I am already registered to vote and do not wish to update my voter registration address.</p>
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SEX OFFENDER REGISTRY NOTICE SC Code Section 23-3-460 states that a person who has been convicted anywhere of an offense listed in 23-3-430 must register with the county sheriff within 3 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request (www.scstatehouse.gov/code/t23c003.php).

STEP 6 - QUESTIONS 1 through 12 **MUST** be answered for permits and licenses **Only answer questions 1 - 4 for an identification card**

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

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

- Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period. COMPANY NAME: _____
- No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household.

STEP 8 - CONSENT FOR MINOR The SCDMV Consent for Minor Form (447-CM) must be completed for all customers under the age of 18. **An emancipated minor** must also submit one of the following as proof of emancipation (*Only the original or certified copies will be accepted*):

- Court Order Certificate of Marriage Active Military Orders

STEP 9 - CERTIFICATION I certify under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I also certify that I do not have a valid driver's license other than the one(s) reported in questions #3 and #4 above and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked or disqualified at the time of this application.

I understand that I am receiving an SC credential based on the information provided on this application, and that the SCDMV will verify all information. I also understand that if my privilege to drive is ever suspended, cancelled or revoked in SC or any other state, my SC license will be revoked until I have met all reinstatement requirements in SC and any other states.

Customer's Printed Name _____ Customer's Signature _____ Date _____

FOR THE SCDMV USE ONLY

<input type="checkbox"/> Exchanging Out-of-State Permit for a SC Permit or License		State: _____	OOS BP/DL NO.: _____
Qualifies for a REAL ID Card		<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Type: <input type="checkbox"/> Duplicate <input type="checkbox"/> Modified <input type="checkbox"/> Original <input type="checkbox"/> Provisional <input type="checkbox"/> Re-exam <input type="checkbox"/> Reissue <input type="checkbox"/> Renewal <input type="checkbox"/> Route Restricted <input type="checkbox"/> Temporary Alcohol			
Class: <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G (Moped) <input type="checkbox"/> ID <input type="checkbox"/> M (Motorcycle)		Restrictions: _____	
Identification Submitted:		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport/Visa <input type="checkbox"/> SSN <input type="checkbox"/> Proof of Residency	
Knowledge Test Results			
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Score: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Score: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Score: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Score: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Score: _____	
Skills Test Results			
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Comments: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Comments: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Comments: _____	
Hearing Impaired:		<input type="checkbox"/> Deaf <input type="checkbox"/> Poor <input type="checkbox"/> Good	
Missing Extremities:		<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	
Vision		Right	Left
With corrective lens		20/	20/
Without corrective lens		20/	20/
Office Number: _____			
Employee Signature: _____			