



South Carolina Department of Motor Vehicles
IRP Carriers ONLY- Lost/Stolen or Destroyed License
Plate Report Replacement Application

452-A
(Rev. 2/15)

INSTRUCTIONS FOR IRP CARRIERS ONLY

When an application is made at any Branch Office to replace a lost, stolen or destroyed license plate, this form must be completed by the registered owner or his agent and immediately mailed by the Branch Manager to Motor Carrier Services at the address below:

Attention: Motor Carrier Services
Department of Motor Vehicles
PO Box 1498
Blythewood, SC 29016-0027

Customer # _____ Fleet # _____ Expiration Month _____

License Plate # _____ Unit # _____ State _____ Year _____

Name of Registered Owner _____

Street Address of Registered Owner _____

City _____ State _____ Zip Code _____

Telephone Number-Home _____ Work _____

I certify that the plate listed above was: (circle one) Lost Stolen Destroyed

Date of Loss _____ City _____ State _____

I do I do not (check one) want another plate at this time. If the plate above is recovered, I will notify the nearest DMV Branch Office immediately. If receiving another plate, complete Insurance Certification below.

Owner's Signature _____

Signature of person making report _____

Print name and address of person making report (if different from registered owner) _____

INSURANCE CERTIFICATION

Under penalties of perjury, I declare the vehicle listed above is insured with the company named below and I will maintain liability insurance throughout the registration period.

Name of Insurance Company

Signature of Owner _____
Date

FOR DMV USE ONLY

New License Plate

Branch Office Submitting

Specialist's Signature

Date of Report