



South Carolina Department of Motor Vehicles
COUNTY APPLICATION FOR THE 491-AV & 491-AVC FORMS

491-CA
(Rev. 4/06)

Date: _____, 20 _____

County: _____ County Code: _____

Mailing Address: _____
(Physical Mailing Address. Cannot be a P.O. Box)

City: _____ State: _____ Zip Code: _____

Number of 20 _____ 491-AV Registration Forms _____
(Year) (Must order a minimum of 2,000 forms)

Number of 20 _____ 491-AV Registration Forms _____
(Year) (Must order a minimum of 2,000 forms)

Number of 20 _____ 491-AVC Registration Mailer Forms _____
(Year) (Must order a minimum of 2,000 forms)

Number of 20 _____ 491-AVC Registration Mailer Forms _____
(Year) (Must order a minimum of 2,000 forms)

County Contact Person: _____ Telephone Number: _____

Signature: _____

DMV USE ONLY

Received By: _____ Date: _____

Mail your application or fax to:
S.C. Department of Motor Vehicles
Attn: DMV Inventory Management
10311 Wilson Blvd., Building A
Blythewood, South Carolina 29016-0031
Fax Number: (803) 896-8140