



South Carolina Department of Motor Vehicles
Release of Responsibility

5042
(Rev. 11/07)

Date: _____

Name: _____

Address: _____

City: _____ **State** _____ **ZIP Code** _____

Driver License Number: _____

Beginner Permit Number: _____

I request that my name be withdrawn from the application for driver license or beginner permit of the above named individual since I no longer wish to assume responsibility for this person while driving. I understand this action will result in the suspension of the above named individual's drivers' license or beginner's permit unless another application is signed by a parent/ guardian or responsible adult if the driver is still under eighteen (18) years of age. Please suspend the driver's license or beginner's permit.

Print Name

Signature

Driver License Number

Please forward this document to:

**South Carolina Department of Motor Vehicles
PO Box 1498
Blythewood, SC 29016-0028
Attn: Driver Records – Suspension Section**