



South Carolina Department of Motor Vehicles
Release of Responsibility

5042
(Rev. 12/18)

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I request that my name be withdrawn from the application for driver license or beginner permit of the above named individual since I no longer wish to assume responsibility for this person while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 if the driver is still under eighteen (18) years of age. Please suspend the driver's license or beginner's permit.

To avoid this suspension, another application would need to be signed by the minor and an adult who fits into one of the categories on the Consent for Minor form (SCDMV 447-CM).

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**