



South Carolina Department of Motor Vehicles MULTIPLE DUPLICATE REQUESTS

AD-801A
(Rev. 12/19)

Any customer who requested two (2) duplicate driver's licenses, beginner's permits, or identification cards within a 12-month period or eight (8) within a renewal cycle and is now requesting another duplicate credential must complete this form detailing the circumstances of the most recent loss of their card, in addition to SCDMV Form DL-49 *Affidavit for Lost/Surrendered Driver's License*.

Name _____ License, Permit, or ID # _____

Address _____

Phone Number () - (home) () - (alternate)

Date/Time of Loss _____ Today's Date _____

Have you filed a police report regarding this matter? (if yes, please complete the section below) yes no

Agency Name _____

Investigating/Responding Officer(s) _____

Report/Incident Number _____ Contact Number () -

DETAILS: Please provide detailed information regarding the loss of your previous license, permit or identification card. Please include any relevant information—including dates, times, locations, any witnesses, and any actions you have taken.

I certify under penalty of perjury that all information and statements made on this form are true and correct to the best of my knowledge. I understand that if this information is found to be fraudulent, I may be prosecuted and the driver's license issued will be cancelled.

Signature

Date

Please return this completed form to SCDMV by:

- turning it into your local DMV office
- faxing it to (803) 896-8172
- mailing it to OIG/PO Box 1498/Blythewood, SC 29016-0022

