

**NOTICE:** Your driver's license expires on your birthday. You may be eligible to renew your driver's license by mail if you meet the requirements listed below. If you wish to renew by mail, complete this application and mail it to the SCDMV along with appropriate fees.

**You may be eligible to renew by mail if you meet these requirements:**

- You did not renew your driver's license by mail the last time your license was renewed.
- Your driver's license has not been expired for more than nine (9) months.
- You have not received violations totaling more than five points in the last two years.
- Your driver's license is not suspended or subject to be suspended.
- You do not have a commercial license.
- You are not an international customer.

**How do you renew by mail?**

- Mail this completed application along with a check or money order for \$12.50 to the SC Department of Motor Vehicles, Post Office Box 1498, Blythewood, SC 29016-0035. **No Cash Accepted.**
- Please mail no later than 15 business days prior to expiration of driver's license.

**Will you receive a 5 or 10 year license?**

- If you choose to renew by mail, the photo and signature on your current driver's license will remain on your license for the next five years.
- If you choose to renew in a branch office and you are between 17 and 64 years of age, you will be issued a 10-year credential for \$25.

**How do you register to become an organ/tissue donor?**

- Go to the Donate Life SC website: [www.donatelifesc.org](http://www.donatelifesc.org); or
- While completing a credential transaction at [www.SCDMVonline.com](http://www.SCDMVonline.com); or
- Go to a SCDMV Branch Office.

**How do you register to vote?**

If you are not registered to vote in SC or need to update your voter registration address, visit [www.scvotes.org](http://www.scvotes.org) to submit an application online or download a mail-in application.

Last Name		First Name		Middle Name		SC Driver's License No.	
Residence Address (Must be your current address of residence and cannot be a P.O. Box)							County
City or Town		State	Zip Code	Phone Number		Email Address	
				( )			
<b>I understand the Department will send mail to the residential address above unless I have specified a special mailing address below.</b>							
Special Mailing Address			City	State	Zip Code	County	
Date of Birth		Height		Weight	Eye Color	Race	Gender
Month	Day	Year	Feet	Inches			<input type="checkbox"/> Male <input type="checkbox"/> Female

**Questions 1 through 11 must be answered to renew a permit or license. Only answer questions 1 and 2 to renew an identification card.**

- Are you a resident of South Carolina?.....  Yes  No
- Are you a citizen of the United States?.....  Yes  No
- Is your beginner's permit, driver's license, moped license, or privilege to drive suspended, cancelled, revoked or disqualified in any state? If yes, where? \_\_\_\_\_ when last? \_\_\_\_\_  Yes  No
- In the past 12 months**, have you experienced a loss of consciousness, muscular control or seizure?.....  Yes  No
- a) **In the past six months**, have you experienced a heart attack or heart surgery?.....  Yes  No  
b) Has your doctor recommended you not drive or placed restrictions on your driving at this time? .....  Yes  No  
If the answer to "b" is yes, what are the restrictions? \_\_\_\_\_
- Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time? .....  Yes  No
- Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at this time?.....  Yes  No
- Do you have any mental or physical condition preventing you from safely operating a motor vehicle at this time?.....  Yes  No  
If yes, please list condition(s): \_\_\_\_\_
- Has your doctor recommended you not drive or placed restrictions on your driving at this time?.....  Yes  No  
If yes, what are the restrictions? \_\_\_\_\_
- Do you wish to be, or continue to be, an organ and tissue donor? If you marked YES, your consent shall serve as a legally binding document as outlined under the SC Uniform Anatomical gift Act. For donors under the age of 18, the legal guardian of the donor shall make the final decisions regarding the donation.  Yes  No
- Do you wish to donate \$5.00, more or less, to Donate Life SC? Amount of donation\$ \_\_\_\_\_  Yes  No

**Sex Offender Registry Notice** - SC Code Section 23-3-460 states that **a person who has been convicted** anywhere of an offense listed in 23-3-430 must register with the county sheriff within 3 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request ([www.scstatehouse.gov/code/t23c003.php](http://www.scstatehouse.gov/code/t23c003.php)).

<b>Automobile Insurance Information</b> (Check and complete the statement that applies to you.)	
<input type="checkbox"/>	Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period. Company Name: _____
<input type="checkbox"/>	No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household.

**I certify** under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I understand that if my privilege to drive is ever suspended, cancelled or revoked in SC or any other state, my SC license will be revoked until I have met all reinstatement requirements in SC and any other states.

_____	_____	_____
Your Printed Name	Your Signature	Date

SCDMV USE ONLY			
Restrictions:	Date:	Office #:	CSR's Signature: