

NOTICE: Your driver's license expires on your birthday. If you wish to renew your driver's license by mail and meet the requirements listed below, complete this application and mail it to the DMV 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 or online 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 register to become an organ/tissue donor?

Go to the Donate Life SC website: www.donatelifesc.org OR to www.SCDMVonline.com while completing a credential transaction OR go to an SCDMV Field Office.

How do you renew by mail?

- Complete sections 1 and 2. **Ask a licensed eye care professional to complete Section 2 of the form. The information is valid for 12 months from the date of the eye screening.**
- Mail this application along with a check or money order for \$12.50, to the S.C. 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.
- 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 field office and are between 17 and 64 years of age, you will be issued a 10-year credential for \$25.

How do you register to vote?

If you are not registered to vote in South Carolina or need to update your voter registration address, visit www.scvotes.org to submit an application online or download a mail-in application.

SECTION 1: APPLICANT INFORMATION *Please print in black ink.*

Last Name	First Name	Middle or Maiden	S.C. Driver's License No.
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Residential Address	City	State	Zip Code	County
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I understand the Department will send mail to the residential address above unless I have specified a special mailing address below.

Special Mailing Address	City	State	Zip Code	County
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Date of Birth	Sex	Height	Weight	Race	Phone Number ()	Email Address
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- Yes No**
- 1. Are you a resident of South Carolina?
 - 2. Are you a citizen of the United States?
 - 3. Is your beginner's permit, driver's license, moped license, or privilege to drive suspended, cancelled, or revoked in any state or have you recently surrendered your license or permit in court? If yes, where? _____ When last: _____ Reason: _____
 - 4. **In the last 12 months**, have you experienced a loss of consciousness, muscular control or a seizure?
 - 5. a) **In the past six months**, have you experienced a heart attack or heart surgery?
 - b) Has your doctor recommended you not drive or placed restrictions on your driving at this time? If yes, what are the restrictions? _____
 - 6. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time?
 - 7. 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?
 - 8. Do you have any mental or physical conditions preventing you from safely operating a motor vehicle at this time? If yes, please list condition(s): _____
 - 9. Has your doctor recommended you not drive or placed restrictions on your driving at this time? If yes, what are the restrictions? _____
 - 10. 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 S.C. 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.
 - 11. Do you wish to donate \$5.00, more or less, to Donate Life SC? Amount of Donation \$ _____

Sex Offender Registry Notice - Section 23-3-460 of the S.C. Code of Laws 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).

Automobile Insurance Information: (Check and complete the statement that applies to you.)

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: _____

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 South Carolina or any other state, my S.C. license will be revoked until I have met all reinstatement requirements in South Carolina and any other states.

Signature of Applicant _____ Date _____

SECTION 2: THIS SECTION IS TO BE COMPLETED BY A LICENSED EYE CARE PROFESSIONAL

******* Do not return this form to an applicant requiring corrective lenses until new lenses are fitted *******
Applicants must meet the minimum acceptable vision requirements provided below, without the use of a telescopic lens or other attachment, to obtain and maintain a South Carolina non-commercial driver's license or beginner's permit.

<p>Minimum visual acuity requirements:</p> <ul style="list-style-type: none"> • 20/70 or better in at least one eye; OR If applicant's weaker eye is worse than 20/200, the stronger eye must read 20/40 or better. • Worse than 20/70 in each eye but 20/70 or better with both eyes together. 	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Distant Vision Only</th> <th style="padding: 5px;">Right Eye</th> <th style="padding: 5px;">Left Eye</th> <th style="padding: 5px;">Both Eyes</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Without Corrective Lens</td> <td style="padding: 5px; text-align: center;">20/</td> <td style="padding: 5px; text-align: center;">20/</td> <td style="padding: 5px; text-align: center;">20/</td> </tr> <tr> <td style="padding: 5px;">With Corrective Lens</td> <td style="padding: 5px; text-align: center;">20/</td> <td style="padding: 5px; text-align: center;">20/</td> <td style="padding: 5px; text-align: center;">20/</td> </tr> <tr> <td style="padding: 5px;">New Prescription</td> <td style="padding: 5px; text-align: center;">20/</td> <td style="padding: 5px; text-align: center;">20/</td> <td style="padding: 5px; text-align: center;">20/</td> </tr> </tbody> </table>	Distant Vision Only	Right Eye	Left Eye	Both Eyes	Without Corrective Lens	20/	20/	20/	With Corrective Lens	20/	20/	20/	New Prescription	20/	20/	20/
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New Prescription	20/	20/	20/														

DO NOT COMPLETE THIS FORM UNLESS THE APPLICANT'S VISION MEETS THE ABOVE STANDARDS TO OPERATE A NON-COMMERCIAL MOTOR VEHICLE.

- 1. Is a corrective lens, such as a conventional type spectacle or a contact lens, needed to operate a motor vehicle? Yes No
- 2. Is the applicant's vision worse than 20/200 in one eye? Yes No
- 3. Should the applicant be restricted to daylight driving only? Yes No
- 4. a) Does the applicant have a permanent sight impairment? Yes No
- b) If yes, which eye? Right Left
- 5. Indicate when the applicant's eyes should be rechecked to determine visual fitness to operate a motor vehicle.
 in 6 months in 1 year in 2 years in 5 years Other (Comments) _____

I, _____ (Printed Name of Eye Care Professional) Professional No. _____
being licensed to practice _____ in the state of _____, certify that I have performed a vision screening of the eyes of the above named person. This is a true record of this screening and the applicant met the visual acuity standards without the use of a telescopic lens or other attachment. I further certify that I have answered all of the questions above and that he or she signed in my presence.

Signature of Licensed Eye Care Professional	Screening Date	Telephone Number
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Business Address	City	State	Zip Code
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