



**South Carolina Department of Motor Vehicles
ELECTRONIC VEHICLE REGISTRATION
TITLING PROGRAM AUTO DEALER APPLICATION**

EVR-3
(Rev. 01/18)

NOTE: Form must be completed in its entirety. If space provided is insufficient, please reply on a separate sheet of paper and attach as part of the application.

SECTION I. BUSINESS INFORMATION

Date: _____			<input type="checkbox"/> First Time Application	<input type="checkbox"/> Change Service Provider
Dealer Number/Third Party Participant FEIN: _____				
Name of Dealership/Third Party Participant Partner: _____				
Physical Address for Dealership: _____				
City: _____		State: _____	Zip Code: _____	
Telephone Number: () - _____				
Mailing Address: _____				
City: _____		State: _____	Zip Code: _____	

SECTION II. OWNER/PRINCIPAL INFORMATION

1. Dealership/Third Party Participant Name (signer of the contract): _____
2. Name of Contact Person (person communicating with SCDMV): _____
3. Contact Person Telephone Number: _____
4. Contact Person Email Address: _____
5. Current Service Provider: _____
6. New Service Provider (if change in Service Provider): _____

Owner/Principal Signature _____

Date _____

<p>Mail to: South Carolina Department of Motor Vehicles Attn: Deloris Harriman P.O. Box 1498 Blythewood, South Carolina 29016-0038</p>
