RELEASE
MOTOR VEHICLE
FINANCIAL
RESPONSIBILITY

Accident Case No.: __________________________
Date of Accident: __________________________
Location/County: __________________________
Drivers: ________________________________

I, __________________________________________, certify that I am 18 years of age or older and that I have released the following from all claims and causes of action arising from the above described accident. I authorize the South Carolina Department of Motor Vehicles to accept this certification as satisfactory evidence of this release from liability as required by the South Carolina Motor Vehicle Financial Responsibility Act.

Name and Address of Person Release    Date of Birth/Driver License No.

Signature of Person Giving Release or Subrogee for Insured    Date

State of __________________________________________
County of __________________________________________

Before me, __________________________________________, Notary Public in and for said county and state, appeared on this day, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes therein expressed.

Given under my hand and Seal of Office this __________________________ day of

Month       Year

Signature of Notary Public

Notary Public for State of ____________

My commission Expires ____________