



South Carolina Department of Motor Vehicles
Release on Behalf of a Minor
(Motor Vehicle Financial Responsibility Act)

FR-202A
 (Rev. 12/18)

Mail To:

SC DEPARTMENT OF MOTOR VEHICLES
FINANCIAL RESPONSIBILITY
PO BOX 1498
BLYTHEWOOD SC 29016-0040

The following must be completed to the best of your ability

Accident Case No: _____
 Date of Accident: _____
 Location/County: _____
 Name of Driver(s): _____

The undersigned, _____ ,
 (Type or Print Name of Person Signing Release)

Hereby certifies that he/she is an adult who fits into one of the categories on the Consent for Minor form (SCDMV 447-CM) for:

 (Type or Print Name and Address of Injured or Damaged Minor)

A minor _____ years of age, and that he/she has released

 (Type or Print Name and Address of Person Released) (Driver License Number/Date of Birth)

from all causes of action of the undersigned, individually and as an adult who fits into one of the categories on the Consent for Minor form (SCDMV 447-CM) of said minor, arising from the above described accident, and authorizes the SC Department of Motor Vehicles to accept this certification as satisfactory evidence of such release from liability as required by the SC Motor Vehicle Financial Responsibility Act.

Date: _____

 Signature of Insurance Representative

If this claim is being handled by your insurance company, you are not authorized to sign this release form.

 (Signature of Adult Giving Release)

 (Signature of Insured or Damaged Minor)