



# South Carolina Department of Motor Vehicles

## MILITARY SERVICE/ILLNESS STATEMENT

**FR-4K**  
(Rev. 07/2020)

Complete this document if the lapse or termination of liability insurance coverage is due to military service or illness. By signing and providing this sworn statement to the SCDMV, you are certifying that the motor vehicle below, upon which the liability insurance coverage has lapsed or been terminated **has not been operated** upon the roads, streets, or highways by anyone **during the lapse or termination of liability insurance**. SC Code Section 56-10-245.

**SECTION I – CUSTOMER CERTIFICATION**

Vehicle Make/Year \_\_\_\_\_ VIN# \_\_\_\_\_ Plate \_\_\_\_\_

I, certify under penalty of perjury, that the above mentioned vehicle has not been operated upon the roads, streets or highways of this state during the lapse or termination of liability insurance during the dates below.

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month, Day, and Year Month, Day, and Year

( )
Customer's Phone #
( )
SC Driver License or Customer Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**SECTION II – MILITARY STATEMENT** *This statement must be completed and signed by an Authorized Military Officer. Military orders MUST BE attached.*

I, certify under penalty of perjury, that \_\_\_\_\_ was unable to maintain vehicle insurance on the above mentioned vehicle due to military obligation during the dates below.

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month, Day, and Year Month, Day, and Year

\_\_\_\_\_  
Military Officer's Signature

\_\_\_\_\_  
Unit of Assignment

\_\_\_\_\_  
Print Name of Military Officer

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Telephone Number

**SECTION III – ILLNESS STATEMENT** *This statement must be completed and signed by a physician.*

I, certify under penalty of perjury, that \_\_\_\_\_ was under my care during the dates below.

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month, Day, and Year Month, Day, and Year

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Medical ID#

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Telephone Number

Completed forms may be turned into any DMV Branch Office or mailed to:

SC Department of Motor Vehicles  
 Financial Responsibility Office/ATTN: FR4  
 PO Box 1498  
 Blythewood, SC 29016-0040

*You cannot wait in a branch office for this to be processed. Please allow 3 to 5 business days for this request to be researched and processed by the FR Compliance Unit. You will be notified by mail if it can be accepted as compliance.*