South Carolina Department of Motor Vehicles
MILITARY SERVICE/ILLNESS STATEMENT

I certify that the
Vehicle Make/Year  VIN#    Plate
has not been operated upon the roads, streets or highways of this state during the lapse or termination of
liability insurance during the periods of                to                

__________________________________________
Signature

__________________________________________
Print Name

Driver License Number

Customer’s Home Phone # (       ) Cell Phone # (       ) Work Phone # (       )

SECTION I – MILITARY STATEMENT
This is to certify that __________________________ was unable to maintain vehicle
registration on __________________________
Vehicle Make/Year    Plate
due to his military obligation from __________________________ to __________________________.

__________________________________________  __________________________
Military Officer’s Signature  Unit of Assignment

__________________________________________  __________________________
Print Name of Military Officer  City/State

Telephone Number

SECTION II – ILLNESS STATEMENT
This is to certify that __________________________ was under my care and unable to
________

drive __________________________

Vehicle Make/Year    Plate
during the period of __________________________ to __________________________.

__________________________________________  __________________________
Physician’s Signature  Medical ID#

__________________________________________
Print Name

__________________________________________  __________________________
Address  City/State

Telephone Number

This form may be returned to your local DMV Branch Office or mailed to:
S.C. Department of Motor Vehicles
Financial Responsibility Office/ATTN: FR4
P.O. Box 1498
Blythewood, S.C. 29016-0040

For additional information, call (803) 896-5000

NOTICE: This form can only be used with a Notice of Cancellation of Policy (FR-4)