



South Carolina Department of Motor Vehicles MILITARY SERVICE/ILLNESS STATEMENT

FR-4K
(Rev. 8/11)

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)