



# South Carolina Department of Motor Vehicles

## Application for Uninsured Motorist Registration

**FR-510**  
(Rev. 8/11)

**What does it mean to register as an uninsured motorist?**

South Carolina Law allows an owner to register as an uninsured motorist. The fee is \$550.00 annually for the *privilege* to drive an uninsured motor vehicle on South Carolina roads. An uninsured motorist registration is not an insurance policy.

**Do I qualify to register as an uninsured motorist?**

If you and every driver in your household has held a driver's license for three or more years, you may qualify to register as an uninsured motorist. However, you are not qualified to participate if you (the owner) are presently required to file SR-22 insurance or have been convicted of any of the following violations or occurrences within the past three years:

1. Disobeying any official traffic device or officer directing traffic
2. Failing to stop for a law enforcement officer when signaled
3. Failing to stop for a school bus
4. Leaving the scene of an accident resulting in injury or property damage
5. Theft or unlawful taking of a vehicle
6. Racing on public highways
7. Driving under the influence of alcohol or drugs
8. Reckless driving
9. Reckless homicide, or assault involving the operation of a motor vehicle
10. Felony involving the use of a motor vehicle
11. Transporting illegal whiskey, unlawful drugs, or other controlled or narcotic substances
12. Willfully making false statements when applying for a license or registration
13. Impersonating an applicant or obtaining a license or registration by impersonating himself or another
14. Three or more moving traffic violations
15. Two or more accidents that resulted in injury exceeding \$600 or property damage exceeding \$1,000.

**This \$550 fee is not an insurance premium and you are not purchasing any insurance by paying this fee. This \$550 Uninsured Motorist Fee is for the privilege to drive and operate an uninsured motor vehicle on the South Carolina roads.**

Owner/Applicant Name(s)		
Address		
City	State	Zip Code
Driver License No.(s)	License Plate No.	Expiration Month/Year
Home Phone Number	Cell Phone Number	Work Phone Number

All Drivers Residing in Household:			
	Full Legal Name	Driver License No.	Date of Birth
1.			
2.			
3.			

I understand that an uninsured motorist registration is not an insurance policy. I have not been convicted of any of the violations listed on the preceding page. I understand that if I am convicted of any of these violations, my privilege to participate in the program will be revoked. I have truthfully listed all the drivers residing in my household and certify that all drivers have been licensed to drive for three or more years. If circumstances change and a member of my household becomes licensed for less than three years, I understand that my privilege to participate in the uninsured motorist program will be revoked. At such time, I will be required to obtain liability insurance immediately or return my vehicle license plates to the department. I certify that all the information given on this application is true and correct and I am eligible to participate in this program.

Signature of Applicant(s)	Date
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**DMV USE ONLY**

My signature below confirms that this information was explained to the customer. The customer also received a copy of this application.

**Approved**

**Not Qualified**

**Fee Paid**

Employee Signature	Date
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