



**South Carolina Department of Motor Vehicles**  
**EXCLUSION OF INSURANCE**

**FR-9B**  
(Rev. 2/06)

**To: SC DEPARTMENT OF MOTOR VEHICLES**  
**FINANCIAL RESPONSIBILITY**  
**PO BOX 1498**  
**BLYTHERWOOD SC 29016-0040**

DATE: \_\_\_\_\_

IN ACCORDANCE WITH SECTION 38-77-340 OF THE 1976 SOUTH CAROLINA CODE OF LAWS,  
AS AMENDED, I HEREBY REQUEST THAT THE DEPARTMENT FURNISH A FORM FR-9.

EVIDENCE (RECEIPT) THAT THE DRIVER LICENSE HAS BEEN SURRENDERED TO THE  
DEPARTMENT OF PUBLIC SAFETY. (RECEIPT ATTACHED IF NOT ON DRIVER  
RECORD)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AFFIDAVIT CERTIFYING THAT A POLICY OF LIABILITY INSURANCE AS  
AUTHORIZED BY LAW HAS BEEN PROPERLY EXECUTED IN THE NAME OF THE  
PERSON TO BE EXCLUDED.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VEHICLE YEAR / MAKE: \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

VEHICLE LICENSE PLATE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE