



South Carolina Department of Motor Vehicles
EXCLUSION OF INSURANCE

FR-9B
(Rev. 2/06)

To: S.C. DEPARTMENT OF MOTOR VEHICLES
FINANCIAL RESPONSIBILITY
P.O. BOX 1498
BLYTHERWOOD SC 29016-0040

DATE: _____

IN ACCORDANCE WITH SECTION 38-77-340 OF THE 1976 SOUTH CAROLINA CODE OF LAWS,
AS AMENED, 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