



**South Carolina Department of Motor Vehicles  
INTERNATIONAL REGISTRATION PLAN (IRP)  
CARRIER REFUND REQUEST**

MC-4  
(Rev. 6/10)

In accordance with South Carolina State Law, you **may** qualify for a refund if you surrender an apportioned plate (P7 tag), and provided all required registration fees have been paid.

South Carolina may issue a refund on monies collected from you for **South Carolina fees only**. The refund amount will be issued based on the number of remaining unused months of the apportioned plate.

Once South Carolina distributes monies collected on behalf of other IRP jurisdictions, it is your responsibility to contact the other jurisdictions to request a refund. This office will provide you with a list of addresses for the other IRP jurisdictions so that you may contact them to inquire about their refund policy.

Complete the below refund request form and submit it to **SCDMV, Motor Carrier Services/IRP, P.O. Box 1498, Blythewood, South Carolina 29016**.

Within 90 days of the date of sale or loss of the vehicle, you must submit the following documentation to receive a refund. Check (✓) the appropriate box(es) that applies to you:

- License plate and cab card, or sufficient proof that the cab card or plate was lost or stolen;
- Copy of Bill of Sale on sold vehicles;
- Copy of insurance claim on destroyed vehicles or proof that the Certificate of Title has been surrendered to the DMV on junked vehicles;
- Completed Schedule C to delete the vehicle(s) out of the system;
- Copy of the turn-in-plate receipt from the DMV Phoenix system; and
- Complete the attached W-9.

Upon receipt of the required documentation, your refund will be processed. You should receive a refund check from DMV within four (4) to six (6) weeks.

IRP Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

Street Address/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Company Representative \_\_\_\_\_ Date \_\_\_\_\_

**FOR DMV USE ONLY**

Prepared by (DMV Customer Service Representative) \_\_\_\_\_ Office Number \_\_\_\_\_ Date \_\_\_\_\_

Processed by MCS Financial CSR \_\_\_\_\_ Date \_\_\_\_\_