



South Carolina Department of Motor Vehicles

REQUEST TO REMAKE PERSONALIZED OR SPECIAL LICENSE PLATES

MV-97
(Rev. 3/15)

Complete this form to request a remake of a license plate with the same plate number. A lost or stolen license plate **CANNOT** be remade. To replace a license plate with the next available number in a series, complete a Form 452 APPLICATION TO REPLACE LICENSE PLATE OR EXPIRATION YEAR DECAL.

INSTRUCTIONS

This completed form along with the \$6.00 remake fee must be mailed to the following address:

**S.C. Department of Motor Vehicles
DMV Personalized Unit
P.O. Box 1498
Blythewood, SC 29016-0008**

I wish to request a remake of my license plate. I certify the license plate is/was: (check one)

Worn/ Illegible Faded / Cracked Plate is 5 years or older Never Received Defective Damaged in Mail

(Required) Submit a color photo with the application or you may have the condition of the plate verified at your local DMV Field Office or DMV Headquarters. (Not required if plate was never received)

*The prior license plate must be returned to DMV Personalized Unit at Headquarters once the new license plate is received. Mail to the address indicated on this Form above. Do not turn your plate in at your local DMV Field office or mail to any address other than the address indicated above. The license plate must be returned to the DMV Personalized Unit at Headquarters ONLY.

(Required) Brief Explanation of request to remake plate:

License Plate No. _____ Expiration Month _____ Expiration Year _____
(Include Spaces)

Vehicle Identification Number (serial number) _____ Make _____ Year _____

Name and Address of Registered Owner:

Name _____ Street Address _____

City _____ State _____ Zip Code _____

Telephone Number (Optional) _____ Email (Optional) _____

INSURANCE CERTIFICATION (Required)

Under penalties of perjury, I declare this vehicle is insured with the following company named below and I will maintain liability insurance throughout the registration period.

Insurance Company Name: _____

Signature of Registered Owner: _____

Yes, I wish to donate \$5.00, more or less, to Donate Life S.C. Amount of donation \$ _____

Individual requesting remake (If different from registered owner)

Name _____ Street Address _____

City _____ State _____ Zip Code _____

Telephone Number (Optional) _____ Email (Optional) _____

(Required) I certify all information provided in this application is true and correct.

Printed Name

Signature

Date

DMV USE ONLY:	Office _____	Clerks Initials _____	Date _____
----------------------	--------------	-----------------------	------------