



South Carolina Department of Motor Vehicles

Application for the Hearing Impaired

RG-004A
(Rev. 11/18)

South Carolina Code of Law §56-1-205 and 56-3-1920 allows an individual who has been certified with uncorrectable hearing loss of 40 decibels or more in one or both ears to obtain a special hearing impaired restriction (Y) along with outside mirror restriction (J) on his or her driver's license, beginner's permit, and/or a hearing impaired placard. This placard and/or license/beginner's permit restriction is to alert law enforcement and others to the driver's condition and **NOT** for special parking privileges. Limit one (1) placard per applicant. To apply for the restriction and/or the placard, the person must have a current license or beginner's permit and a physician or an Advanced Practice Registered Nurse (APRN) must complete the medical statement below certifying the hearing loss. An APRN is a nurse practitioner, certified nurse-midwife, clinical nurse specialist, or certified registered nurse anesthetist. **(NOTE: A medical statement is not required for a replacement or renewal.)** For answers to additional questions, call (803) 896-5000.

SECTION 1 – Check One Option				
Option A	Option B		Option C	
<input type="checkbox"/> Placard (By mail ONLY)	<input type="checkbox"/> Driver's License/Beginner's Permit (Does not apply toward IDs or CDLs)		<input type="checkbox"/> Placard AND Driver's License/Beginner's Permit restrictions	
Explanation	Explanation		Explanation	
I would only like to obtain a hearing impaired placard.	I would only like to add the Hearing Impaired restriction (Y) along with Outside Mirror restriction (J) to my Driver's License/Beginner's Permit.		I would like to obtain a hearing impaired placard AND add the hearing impaired and outside mirror restrictions.	
Instructions	Instructions		Instructions	
1) Check one of the following: <input type="checkbox"/> Original <input type="checkbox"/> Replacement <input type="checkbox"/> Renewal NOTE: A medical statement (SECTION 3) is not required for a replacement or renewal. 2) Mail the completed application along with a check or money order in the amount of \$5.00 (NO CASH ACCEPTED) payable to SCDMV at the following address: SC Department of Motor Vehicles P. O. Box1035 Blythewood, SC 29016-0019	1) Take the completed application into a DMV field office to have the restrictions added to your driver's license or beginner's permit. 2) Complete Form 447-NC Application for Beginner's Permit, Driver's License or Identification Card. 3) Surrender your current credential to the DMV field office. 4) Pay the applicable fee to renew or modify your credential.		1) Take the completed application into a DMV field office to have the restrictions added to your driver's license or beginner's permit. 2) Complete Form 447-NC Application for Beginner's Permit, Driver's License or Identification Card. 3) Surrender your current credential to the DMV field office. 4) Pay the applicable fee to modify or renew your credential in addition to \$5.00 for the placard. (Placard fee must be separate) 5) You will receive the license before you leave the field office. The field office will forward the application to the headquarters office in Blythewood and the placard will be mailed to you.	
SECTION 2 – Customer Information				
Last Name	First Name	Middle name	Date of Birth (MM/DD/YYYY)	
Physical SC Address	City	State	Zip Code	SC Driver's License, Beginner's Permit or Customer No.
Mailing Address (if different from above)	City	State	Zip Code	Daytime Phone Number
Email Address				
<input type="checkbox"/> Yes, I wish to donate \$5.00, more or less, to Donate Life S.C. Amount of donation \$ ____ .00				
I certify that the above information is true and correct.				
Signature of Applicant			Print Name of Applicant	
SECTION 3 –Medical Statement (To be completed by a licensed physician or an APRN.)				
I certify that the applicant has a permanent, uncorrectable hearing loss of forty decibels or more in one or both ears and that I am a licensed physician or an Advanced Practice Registered Nurse (APRN).				
Signature of Physician or APRN			Print Name of Physician or APRN	Date
			<input type="checkbox"/> Licensed Physician <input type="checkbox"/> APRN	
Professional License No.			Office Phone Number	
DMV USE ONLY				
Check No.	Amount	Placard No.	CSRs Initials	