Complete this form and mail it to the Department of Motor Vehicles (DMV) address listed below, or deliver it to a DMV field office, along with the original title and title application.

South Carolina Department of Motor Vehicles
Attention: Title Mail-In Unit
Post Office Box 1498
Blythewood, SC  29016-0024

The vehicle listed below has been obtained by ____________________________________________________
in settling a total loss claim:

__________________________________________  _____________________________________________
Make                              Vehicle Identification Number (VIN)

**Owner**

*I am the owner* of the above mentioned vehicle and this is a request for the Department of Motor Vehicles to issue a salvage title for the vehicle listed above. A $15.00 fee is required for each salvage title issued.

__________________________________________  ________________________________
Signature of Owner                     Date

**Authorized Requestor**

*I am acting on behalf of the owner* of the above mentioned vehicle and this is a request for the Department of Motor Vehicles to issue a salvage title for the vehicle listed above. A $15.00 fee is required for each salvage title issued.

Under Penalties of perjury, I certify that I am authorized to obtain this title on behalf of the above named insurance company.

__________________________________________  ________________________________
Signature of Authorized Requestor     Date

__________________________________________  ________________________________
Print name                             Company Name or Organization