



# South Carolina Department of Motor Vehicles

## Habitual Offender Reduction Request

**VS-001A**  
(Rev. 05/2020)

If you have been declared a habitual offender and **have already served at least two years** of the habitual offender suspension, you may request that the Department shorten your five-year suspension by completing this application.

**Submit this form with a copy of your 10-year driving record to:** South Carolina Department of Motor Vehicles, Driver Records, PO Box 1498, Blythewood, SC 29016-0029

If your habitual offender suspension reduction is granted and you are convicted of a violation listed in SC Code Section 56-1-1020 that occurred during your original habitual offender suspension period, your license will be suspended for the time period your suspension was reduced.

Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

***The SCDMV will send mail to the residence address above unless you specify a mailing address below.***

Mailing Address: \_\_\_\_\_

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

Habitual Offender Suspension Date: \_\_\_\_\_ To: \_\_\_\_\_

I, \_\_\_\_\_, state, depose, and  
*(printed name of person who is signing this sworn statement and was declared as a habitual offender)*

say that all of the following are true:

1. Have you attached a recent copy of your ten-year driving record?  Yes  No
2. Have you served two years of the habitual offender suspension?  Yes  No
3. Have you ever had a previous habitual offender suspension?  Yes  No
4. Have you driven a motor vehicle during your habitual offender suspension?  Yes  No
5. Have you received an alcohol or drug violation during your habitual offender suspension?  Yes  No
6. Do you have any other mandatory suspensions that have not reached their end date?  Yes  No
7. Have you been convicted or have charges pending for any offense listed in Section 56-1-1020 committed during the habitual offender suspension?  Yes  No
8. Have you ever applied for a habitual offender reduction?  Yes  No

**Sworn Statement**

I hereby certify that the information I have provided is true, accurate, and complete under penalty of perjury in accordance with SC Code Section 16-9-10. I understand that if the department grants this request but later discovers that the information on this form was not true, accurate and complete, I will be required to serve any unserved portion of the five-year habitual offender suspension and my information will be forwarded to SLED.

Signature \_\_\_\_\_ Date \_\_\_\_\_

| FOR DMV USE ONLY              |   |
|-------------------------------|---|
| DMV Staff Recommendation:     | <input type="checkbox"/> do not reduce <span style="margin-left: 150px;"><input type="checkbox"/> reduce</span>   |
|                               | <div style="display: flex; justify-content: space-between;"> <span>_____<br/>Signature of staff member</span> <span>_____<br/>Date request reviewed</span> </div> |
| DR Manager or their designee: | <input type="checkbox"/> approved <span style="margin-left: 150px;"><input type="checkbox"/> disapproves</span>   |
|                               | <div style="display: flex; justify-content: space-between;"> <span>_____<br/>Signature of DR Manager or their designee</span> <span>_____<br/>Date</span> </div>  |