



South Carolina Department of Motor Vehicles
CHANGE OF RESIDENCY AFFIDAVIT

DL-222
(Rev. 8/11)

SECTION I - To be completed by the applicant.

Reference #446

Name of Applicant: \_\_\_\_\_

S.C. Driver License No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Customer's Home No: ( ) Cell Phone No: ( ) Work Phone No: ( )

Under penalties of perjury, I declare that the following facts concerning my change of residency from South Carolina are true and correct:

1. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I became a resident in the state of \_\_\_\_\_

My current address is: \_\_\_\_\_

2. I applied for a driver's license in the above referenced state on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

3. I do not wish to obtain a South Carolina Driver's License.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires on \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Seal \_\_\_\_\_

SECTION II - To be completed by a DMV Official in the new resident state.

The above named person has applied to receive a license in this state. If a DMV Official from South Carolina certifies that the applicant's S.C. drivers license is not under suspension, the applicant is eligible for a Class \_\_\_\_\_ License in the State of \_\_\_\_\_

DMV Official \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ (Area Code) Telephone Number \_\_\_\_\_

SECTION III - To be completed by a S.C. Motor Vehicle Official.

The SR-22 Certificate of Insurance requirement has been waived.

S.C. DMV Official \_\_\_\_\_

Date \_\_\_\_\_