South Carolina Department of Motor Vehicles
Affidavit of Previous Driver's License

DL - 402
(Rev. 5/17)

To be completed by <u>all CDL applicants</u>

(list both non-commercial and commercial licenses)

I, _____ have held a driver's license(s) in the state(s) listed below within the past ten (10) years.

STATE	DRIVER'S LICENSE NUMBER	NAME LISTED WITH STATE (Last, First, Middle, Suffix)

<u>SWORN STATEMENT</u>

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.

South Carolina Driver's License Number: _____ Date of Birth: _____

Last four digits of Social Security Number: _____

Customer's Signature: _____

Print your name: _____

Signature of SCDMV Employee: _____

SCDMV Office Name: _____ SCDMV Office Number: _____

Date: _____

This form is to be scanned and is part of the official driver record.

original copy – send with form 447-CDL to Scanning: **carbon copy or photocopy** – send to CDL Help Desk