



# South Carolina Department of Motor Vehicles

## Application for Duplicate Registration

3090  
(Rev.12/09)

**Duplicate Registration** \$1.00  
Complete Sections 1, 2, and 4

**Remove Disabled Authorized Individual** \$1.00  
Complete Sections 1, 2, 3 and 4

Mail completed application along with a check or money order (**NO CASH ACCEPTED**) payable to  
**South Carolina Department of Motor Vehicles**  
**P O Box 1498**  
**Blythewood, SC 29016-0019**

\*\* indicates optional information

### Section 1 – Vehicle Information

License Plate Number: \_\_\_\_\_ Make \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

### Section 2 – Registered Owner’s Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email\*\* \_\_\_\_\_

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

### Section 3 – Removal of Authorized Disabled Individual

I hereby authorize the SC Department of Motor Vehicles to remove the name(s) of the following individual(s) from the Disabled Parking Authorized section of the registration certificate. I am aware that if this is the **only** disabled authorized name listed, I am no longer eligible to maintain a disabled license plate and must surrender the plate to SCDMV immediately and make application for a different plate.

***Disabled Authorized Individual(s) to be removed:***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

### Section 4 – Registered Owner Authorization

I certify that I am the registered owner listed in Section 2 and I authorize the action requested.

Signature of Registered Owner \_\_\_\_\_

Date

#### DMV USE ONLY

Check No. \_\_\_\_\_ Amount \_\_\_\_\_ Specialist Initials \_\_\_\_\_