



# South Carolina Department of Motor Vehicles

Form **447**  
(Rev. 10/06)

## Application for S.C. Credential

BEGINNER PERMIT/DRIVER LICENSE/IDENTIFICATION CARD NUMBER

CUSTOMER NUMBER

I AM APPLYING FOR A (check any that apply):

- Beginner's Permit  
  Driver's License  
  Commercial Beginner's Permit  
  Commercial Driver's License  
  Identification Card  
  Moped

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RESIDENCE ADDRESS (Must be your current address of residence and cannot be a P.O. Box)

<input type="text"/>	City or Town	State	Zip Code	County
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**I understand the Department will send mail to the residence address above unless I have specified a special or temporary mailing address below.**

SPECIAL MAILING ADDRESS - Optional (To have your mail sent to an address different from residence address)

<input type="text"/>	City or Town	State	Zip Code	County
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Do you want to delete a current special mailing address now on file?  Yes

TEMPORARY MAILING ADDRESS - Optional (To have your mail sent to an address for a limited time period) Expiration Date \_\_\_\_\_

<input type="text"/>	City or Town	State	Zip Code	County
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Do you want to delete a current temporary mailing address now on file?  Yes

SOCIAL SECURITY NUMBER * (SSN)	SEX	DATE OF BIRTH	HEIGHT	WEIGHT	RACE
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	Feet <input type="text"/> Inches <input type="text"/>	<input type="text"/>	<input type="text"/>

\*Your Social Security number is required for the purposes of identifying you and preparing jury lists pursuant to South Carolina Code of Laws Sections 56-1-90 and 14-7-130. The Driver's Privacy Protection Act of 1994 (DPPA), 18 U.S.C. Section 2721,2725, the Family Privacy Protection Act of 2002 (FPPA), 30-2-10 et seq., and Section 56-3-545 of the S.C. Code restrict the disclosure of personal information contained in our records.

MOTOR VOTER (check one box)

- Yes, I wish to complete a DMV Voter Registration Application. *\*Must be a United States Citizen and meet age requirements to complete a DMV Voter Registration Application.*  
 No, I am not eligible to vote  
  No, I have already registered to vote.  
  No, I decline the DMV Voter Registration Application.

ORGAN AND TISSUE DONATION (optional)

- Yes, I want to be an organ and tissue donor. (A symbol will be added to your credential if you choose to be an organ donor.)  
 Yes, I wish to donate \$1.00 or more to Donate Life South Carolina. Amount of donation \$ \_\_\_\_\_ .00



ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED

- Yes  No 1. Are you a resident of South Carolina?  
 Yes  No 2. Are you a citizen of the United States?  
 Yes  No 3. Do you now have or have you ever had a South Carolina beginner's permit or driver's license? If yes, give the number and name if different from number and name given on this application \_\_\_\_\_  
 Yes  No 4. Do you have or have you had a learner's permit or driver's license from another state or country? If yes, list information from last time issued State/Country \_\_\_\_\_ license number \_\_\_\_\_ and issue date \_\_\_\_\_.  
 Yes  No 5. Is your driver's license or privilege to drive suspended, cancelled, revoked or disqualified in any state? If yes, where? \_\_\_\_\_ When last? \_\_\_\_\_.  
 Yes  No 6. Have you recently surrendered your license or beginner's permit in court or to a law enforcement officer? If yes, when? \_\_\_\_\_ Reason \_\_\_\_\_.  
 Yes  No 7. In the past 12 months, have you experienced a loss of consciousness, muscular control or seizure?  
 Yes  No 8. a) In the past six months, have you experienced a heart attack or heart surgery?  
 Yes  No b) Has your doctor recommended you not drive or placed restrictions on your driving at this time? If the answer to "b" is yes, what are the restrictions? \_\_\_\_\_  
 Yes  No 9. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time?  
 Yes  No 10. Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at this time?  
 Yes  No 11. Do you have any mental or physical condition preventing you from safely operating a motor vehicle at this time? If yes, please list condition(s): \_\_\_\_\_  
 Yes  No 12. Has your doctor recommended you not drive or placed restrictions on your driving at this time? If yes, what are the restrictions? \_\_\_\_\_

**NOTE: Section 23-3-460 of the S.C. Code of Laws states that a person who has been convicted anywhere of an offense listed in 23-3-430 must register with the county sheriff within 10 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request.**

**FOR COMMERCIAL DRIVER'S LICENSE ONLY**

- Yes  No 13. Have you read and do you understand and meet the qualification requirements under Federal Rule 49 CFR, Part 391 of the Federal Motor Carrier Safety Administration rules to operate a commercial vehicle?
- Yes  No 14. Are you subject to any disqualification listed in 383.51 of the Federal Motor Carrier Regulations?
- Yes  No 15. Is the vehicle being operated on the road test representative of the class for which you are applying and intend to operate?
- Yes  No 16. Do you have a valid D.O.T. medical examiner certificate for a Class A,B,C,E, or F license? Expiration Date \_\_\_\_\_  
You must show the medical certificate as evidence and it must be updated every two years.
- Yes  No 17. Are you a medically exempt government employee? If yes, give name of agency. \_\_\_\_\_

**Any falsification of information on this application may result in a 60-day disqualification of your CDL and/or result in criminal prosecution under state and federal law.**

**INSURANCE INFORMATION** (Check and complete the statement that applies to you.)

- Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period.  
AGENT NAME \_\_\_\_\_ COMPANY NAME \_\_\_\_\_
- No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household.

**CONSENT FOR MINOR** (Must be completed for all unemancipated applicants under the age of 18) I am a parent or guardian of the unemancipated minor applicant. (If guardian, please provide documentation.) (Responsible adult must complete Form 447- CM)

Emancipated minors must submit one of the following as proof of emancipation:  Court Order  Certificate of Marriage  Active Military Orders  
*\*Only the original or certified copies will be accepted.*

I consent to the issuance of a beginner's permit and/or driver's license. I accept responsibility for the actions of the minor applicant as outlined in Section 56-1-110 of the South Carolina Code of Laws. To be released from this responsibility before the applicant reaches age 18, I understand that I must submit a written request for release to the Department of Motor Vehicles to have this application and the applicant's beginner's permit or driver's license cancelled.

Relationship to Minor Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

I CERTIFY under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I also CERTIFY that I do not have a valid driver's license other than the one(s) reported in questions #3 and #4 and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked or disqualified at the time of this application.

I understand that I am receiving a S.C. credential based on the information provided on this application, and that SCDMV will verify all information. I also understand that if my privilege to drive is ever suspended, cancelled or revoked in South Carolina or any other state, my S.C. license will be revoked until I have met all reinstatement requirements in South Carolina and any other states.

Printed Name Signature

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

- Original
- Duplicate
- Route Restricted
- Provisional
- Exchanging Out-of-State Permit or License for a SC Permit or License
- Renewal
- Reissue
- Temporary Alcohol
- Modified
- State \_\_\_\_\_ Number \_\_\_\_\_

**CLASS:**  A\*  B\*  C\*  D  E\*  F\*  G (Moped)  M (Motorcycle)

**CDL:** Airbrakes  Yes  No

**\*NOTE:** CLASSES A, B, C, E, F REQUIRE A VALID MEDICAL EXAMINER CERTIFICATION.

**RESTRICTIONS:** \_\_\_\_\_ **ENDORSEMENTS:** \_\_\_\_\_

**IDENTIFICATION SUBMITTED:**  Birth Certificate \_\_\_\_\_  Passport/Visa \_\_\_\_\_

SSN \_\_\_\_\_  Proof of Residency \_\_\_\_\_

**TESTS:**

<b>Knowledge</b>	Date _____	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Comments _____
	Date _____	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Comments _____
	Date _____	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Comments _____
<b>Skills</b>	Date _____	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Comments _____
	Date _____	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Comments _____
	Date _____	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Comments _____

**Hearing**  Deaf  Poor  Good

**Missing Extremities**  No  Yes \_\_\_\_\_

**Vision**

	<b>Right</b>	<b>Left</b>	<b>Both</b>
With Glasses	20/_____	20/_____	20/_____
Without Glasses	20/_____	20/_____	20/_____

Office Number \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_