



**South Carolina Department of Motor Vehicles**  
**COUNTY APPLICATION/RECEIPT FOR 45-DAY TEMPORARY PLATES**

**45-CR**  
(Rev. 1/11)

Date: \_\_\_\_\_, 20\_\_\_\_\_

County Name: \_\_\_\_\_ County Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(Physical address only. Cannot be a Post Office Box)*

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

Number of Temporary Vehicle Plates: \_\_\_\_\_ @ \$0.45 ea. = \_\_\_\_\_  
*(Must order a minimum of 100 Plates)*

Number of Temporary Motorcycle Plates: \_\_\_\_\_ @ \$0.45 ea. = \_\_\_\_\_  
*(Must order a minimum of 25 Plates)*

County Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

**THIS SPACE FOR DMV USE ONLY**

Received Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_

*\*Make checks payable to South Carolina Department of Motor Vehicles.*

**Mail your application and check to:**  
**S.C. Department of Motor Vehicles**  
**Attention: Audit and Review**  
**45 Day Temporary Plates**  
**P.O. Box 1029**  
**10311 Wilson Blvd, Building C**  
**Blythewood, S.C. 29016-0012**