



**South Carolina Department of Motor Vehicles**  
**IRP Carriers ONLY- Lost/Stolen or Destroyed**  
**License Plate Report Replacement Application**

452-A  
(Rev. 3/06)

**INSTRUCTIONS FOR IRP CARRIERS ONLY**

When an application is made at any Branch Office to replace a lost, stolen or destroyed license plate, this form must be completed by the registered owner or his agent and immediately mailed by the Branch Manager to the Registration and Reciprocity Section at the address below:

**DMV Registration and Reciprocity Section**  
**Attention: Motor Carrier Services - Records Unit**  
**Department of Motor Vehicles**  
**PO Box 1498**  
**Blythewood, SC 29016-0027**

Account # \_\_\_\_\_ Fleet # \_\_\_\_\_ Expiration Month \_\_\_\_\_

License Plate # \_\_\_\_\_ OEN # \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

Name of Registered Owner \_\_\_\_\_

Street Address of Registered Owner \_\_\_\_\_

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

Telephone Number-Home \_\_\_\_\_ Work \_\_\_\_\_

I certify that the plate listed above was: (circle one)                      Lost                      Stolen                      Destroyed

Date of Loss \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I do     I do not (check one) want another plate at this time. If the plate above is recovered, I will notify the nearest DMV Branch Office immediately. If receiving another plate, complete Insurance Certification below.

Owner's Signature \_\_\_\_\_

Signature of person making report \_\_\_\_\_

Print name and address of person making report (if different from registered owner) \_\_\_\_\_

**INSURANCE CERTIFICATION**

Under penalties of perjury, I declare the vehicle listed above is insured with the company named below and I will maintain liability insurance throughout the registration period.

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Signature of Owner                      Date

**FOR DMV USE ONLY**

\_\_\_\_\_  
VCS Number                      New License Plate

\_\_\_\_\_  
Branch Office Submitting

\_\_\_\_\_  
Specialist's Signature

\_\_\_\_\_  
Date of Report                      Time of Report

**PLEASE PROVIDE CUSTOMER WITH A PHOTOCOPY OF THIS DOCUMENT**

**Motor Carrier Services Phone No. (803) 896-3870, Fax No. (803) 896-2698**  
**www.scdmvonline.com**