



South Carolina Department of Motor Vehicles

LOST/STOLEN OR DESTROYED LICENSE PLATE REPORT REPLACEMENT APPLICATION

452
(Rev. 10-05)

INSTRUCTIONS

This form must be completed by the requested owner, or his agent to replace a lost, stolen, or destroyed license plate and presented at any DMV Branch office, or mailed to the address listed below.

Department of Motor Vehicles
DMV Customer Service Unit
Attention: Mail-In Registration
P.O. Box 1498
Blythewood, South Carolina 29016-0019

1. License Plate No. _____ State _____ Year _____

2. Name and Address of Registered Owner:

Name _____

Street Address _____

City _____ State _____

Telephone Number (Home) _____ (Work) _____

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

Date of Loss _____ City _____ State _____

I do / do not (circle one) wish for 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 this vehicle 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

VIN NUMBER

NEW LICENSE PLATE NUMBER

BRANCH OFFICE SUBMITTING

SPECIALIST SIGNATURE

DATE OF REPORT

TIME OF REPORT

PLEASE PROVIDE CUSTOMER WITH A PHOTOCOPY OF THIS DOCUMENT.