



South Carolina Department of Motor Vehicles
COUNTY APPLICATION FOR THE 491-AV & 491-AVC FORMS

491-CA
 (Rev. 4-06)

Date _____, 20_____

County _____ County Code _____

Mailing Address _____
(Physical Mailing Address. Cannot be a P.O. Box)

City _____ State _____ Zip Code _____

Number of 20 _____ 491-AV Registration Forms _____
(Year) (Must order a minimum of 2,000 Forms)

Number of 20 _____ 491-AV Registration Forms _____
(Year) (Must order a minimum of 2,000 Forms)

Number of 20 _____ 491-AVC Registration Mailer Forms _____
(Year) (Must order a minimum of 2,000 Forms)

Number of 20 _____ 491-AVC Registration Mailer Forms _____
(Year) (Must order a minimum of 2,000 Forms)

County Contact Person _____ Telephone Number _____

Signature _____

DMV USE ONLY

Received By _____

Date _____

**Mail your application or fax to:
 S.C. Department of Motor Vehicles
 Attn: DMV Inventory Management
 P.O. Box 1498
 10311 Wilson Blvd., Building A
 Blythewood, South Carolina 29016-0031
 Fax Number: (803) 896-8140**