

NOTICE: Your driver's license will expire on your birthday. If you meet the requirements and wish to renew your driver's license by mail, please complete this application, and mail it to the DMV along with the \$12.50 fee. Follow the instructions below.

You are eligible to renew by mail if:

- You have not received violations totaling more than five points in the last two years.
- Your driver's license is not suspended or subject to be suspended.
- You did not renew your driver's license by mail or online the previous renewal period.
- Your driver's license has not expired more than nine (9) months.

How do you renew by mail?

- If you are less than 65 years of age, you must complete section 1.
- If you are 65 years or older, you must complete sections 1 and 2. **Have the eye care professional complete Section 2 of the form. The information is valid for 12 months from the date of the eye screening.**
- Mail this application along with a check or money order for \$12.50 to the S. C. Department of Motor Vehicles, Post Office Box 1498, Blythewood, S.C. 29016-0035. **No Cash Accepted.**
- Please mail no later than 15 business days prior to expiration of driver's license.
- If you choose to renew by mail, the photo and signature on your current driver's license will remain for the next five years.

How do you register to become an organ/tissue donor?

- Go to the Donate Life SC website: www.donatelifesc.org OR www.every11minutes.org.
- Go to SCDMV Field Office or www.SCDMVonline.com while completing a credential transaction.

NOTE: Commercial licenses and licenses issued to international customers cannot be renewed by mail.

SECTION 1 - APPLICANT INFORMATION Please print in black ink.		S.C. Driver's License No. _____					
Last Name _____		First Name _____		Middle or Maiden _____			
Address _____		City _____		County _____		State _____ Zip Code _____	
Special Mailing Address: _____							
Social Security # _____		Date of Birth _____		Sex _____	Height _____	Weight _____	Race _____
<p>DISCLOSURE STATEMENT: Your social security number is required for the purposes of identifying you and preparing jury lists pursuant to S.C. Code of Laws Section 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.</p>							
Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Are you a resident of South Carolina?					
<input type="checkbox"/>	<input type="checkbox"/>	2. Are you a citizen of the United States?					
<input type="checkbox"/>	<input type="checkbox"/>	3. Is your beginner's permit, driver's license, moped license, or privilege to drive suspended, cancelled, or revoked in any state or have you recently surrendered your license or permit in court? If yes, where? _____ When last: _____ Reason: _____					
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you wish to be an organ and tissue donor? If you marked YES, your consent shall serve as a legally binding document as outlined under the S.C. Uniform Anatomical Gift Act. For donors under the age of 18, the legal guardian of the donor shall make the final decisions regarding the donation.					
<input type="checkbox"/>	<input type="checkbox"/>	5. In the last 12 months, have you experienced a loss of consciousness, muscular control or a seizure?					
<input type="checkbox"/>	<input type="checkbox"/>	6. a) In the past six months, have you experienced a heart attack or heart surgery? b) Has your doctor recommended you not drive or placed restrictions on your driving at this time? If yes, what are the restrictions? _____					
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time?					
<input type="checkbox"/>	<input type="checkbox"/>	8. 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?					
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you have any mental or physical conditions preventing you from safely operating a motor vehicle at this time? If yes, please list condition(s): _____					
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you wish to donate \$5.00, more or less, to Donate Life SC? Amount of Donation \$ _____					
<input type="checkbox"/>	<input type="checkbox"/>	11. Has your doctor recommended you not drive or placed restrictions on your driving at this time? If yes, what are the restrictions? _____					
<p>NOTE: Section 23-3-460 of the SC 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 3 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request.</p>							

Insurance Information: (Check and complete the statement that applies to you.)				
<input type="checkbox"/> Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period: Company Name _____				
<input type="checkbox"/> No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household.				
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 if my privilege to drive is subject to or is suspended, cancelled, or revoked in any state, this driver's license will be cancelled and I will be responsible for obtaining all letters of clearance.				
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.				
Signature of Applicant _____ Date _____				
SECTION 2 - VISION INFORMATION Please print in black ink.				
NOTE TO THE EYE CARE PROFESSIONAL: Please sign this form and give your professional number. For proper identification, please verify the applicant's driver's license.				
Distant Vision Only	O.D. Right	O.S. Left	O.U. Both	BREADTH OF VISION FIELD To Right of Point of Fixation _____ To Left of Point of Fixation _____ Total Angle _____ _____
Without Glasses	20/	20/	20/	
Present Corrective Lenses	20/	20/	20/	
New Prescription	20/	20/	20/	
Telescopic or Other Attachment	20/	20/	20/	
Describe any evidence of eye disease or injury _____				
Is there a restriction to daylight driving only? <input type="checkbox"/> Yes <input type="checkbox"/> No				
For the purpose of determining visual fitness to operate a motor vehicle, the applicant's eyes should be rechecked: <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> Renewal <input type="checkbox"/> Other				
Comments: _____				
I, _____				
Professional No. _____				
being licensed to practice _____				
in the state of _____, certify that I have performed a vision screening of the eyes of the above named, that this is a true record of this screening and that he or she signed in my presence.				
Business Address _____				
City _____		State _____		Zip Code _____ Telephone Number _____
Signature of Eye Care Professional _____				Exam Date _____