

You are eligible to renew by mail or on-line 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 on-line 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 or on-line, the photo and signature on your current driver's license will remain for the next five years.

How do you renew on-line?

- Visit our website at www.scdmvonline.com
- If you are 65 years or older, you are not eligible to renew on-line.

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

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

NOTE: Commercial licenses and licenses issued to non-United States citizens cannot be renewed by mail or on-line.

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
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 Sectin 56-3-545 of the S.C. code restrict the disclosure of personal information contained in our records.					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> 1. Are you a resident of South Carolina?					
<input type="checkbox"/> 2. Are you a citizen of the United States?					
<input type="checkbox"/> 3. Is your privilege to drive suspended, cancelled, or revoked in any state or country or have you recently surrendered your license or permit in court following a conviction? If yes, where? _____ When last: _____ Reason: _____					
<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"/> 5. In the last 12 months , have you experienced a loss of consciousness, muscular control or a seizure?					
<input type="checkbox"/> 6. a) In the past six months , have you experienced a heart attack or heartsurgery? 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"/> 7. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time?					
<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"/> 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"/> 10. Do you wish to donate \$1.00 or more to Donate Life South Carolina? Amount of Donation \$ _____					
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 10 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request.					

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 S.C. 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. I also understand 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.				
Signature of Applicant _____ Date _____				
SECTION 2 - VISION INFORMATION				
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 Glasses	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 South Carolina, 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