



South Carolina Department of Motor Vehicles

APPLICATION FOR ELECTRONIC VEHICLE REGISTRATION

EVR-3
(Rev. 1/05)

NOTE: Form must be completed in its entirety. If space provided is insufficient, please reply on a separate sheet of paper and attach as part of the application.

Date _____ **First Time Application** **Renewal**

Dealer Number _____ Name of Dealership _____

Street Address for Dealership _____

City _____ State _____ Zip _____ County _____

Telephone Number (_____) _____ - _____

Special Mailing Address _____

1. Identify your service provider: _____
2. List name and phone number of EVR contact person: _____

3. List complete name (**do not use initials**) and phone number of the actual (**owner**) of the business. (**Any person who has at least 10% ownership in the business**): _____

4. Is your business financially backed by another person or business? If yes, list name and address of business. _____

Affadavit: I declare that I am the owner, partner or corporate officer of the business named on this application and that all of the information is true and correct. I further understand that false responses to these questions may result in denial, cancellation or revocation of EVR participation being sought and may subject me to prosecution for perjury and other criminal offenses. I have freely and knowingly executed the formalities of an oath in this affirmation and I hereby certify that I am authorized to apply for EVR participation and to supply the information on behalf of the applicant.

Print full name of person signing below

Signature

Mail to:
South Carolina Department of Motor Vehicles
Dealer Licensing & Audit Unit
P.O. Box 1498
Blythewood, South Carolina 29016-0023