# South Carolina Department of Motor Vehicles

# Lost/Stolen or Destroyed Certificate of Title Report

**TI-004A**
(Est. 4/06)

When an application is submitted to any Branch Office or Headquarters Unit requesting a Title Correction, the registered owner or his agent must complete this form when a title is not present. Please submit this form along with a corrected Form 400 and applicable fees, if due, at the address below.

**South Carolina Department of Motor Vehicles**
**P.O. Box 1498**
**Blythewood, South Carolina 29016-0024**

| Vehicle Identification No. | (Lost/Destroyed) Title Number | |
|---|---|---|
| Name of Owner (Last, First, Middle initial) | | Suffix (Sr., Jr. III, etc.) |
| Street Address of Owner | | |
| City | State | Zip Code |
| Telephone Number (home) | Telephone Number (work) | |

I certify that the title listed above was (check one): ☐ Lost ☐ Stolen ☐ Destroyed

| Date of Loss or Destruction | State |
|---|---|

**If the title above is recovered, I will return it to the nearest DMV Office immediately. I also understand that I cannot and will not use this title to obtain a lien or transfer ownership of vehicle**.

Signature of the Registered Owner _____ Date _____

Signature of Person Filing Report _____ Date _____

Complete this section if the person filing the report is different from the registered owner.

| Name of Person Filing Report (Last, First, Middle initial) | | Suffix (Sr., Jr. III, etc.) |
|---|---|---|
| Street Address of Owner | | |
| City | State | Zip Code |

**FOR DMV USE ONLY**

| BRANCH OFFICE SUBMITTING | |
|---|---|
| SPECIALIST'S SIGNATURE | |
| DATE OF REPORT | TIME OF REPORT |