South Carolina Department of Motor Vehicles

Agent Authorization

Form MV-80
(Rev. 9/05)

Please complete the following information in detail. The **original** signature of the agent will be required for each transaction.

COMPANY'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: (___ ___ ___) ___ ___ ___ – ___ ___ ___ ___ EXTENSION: _____

The following person has authorization to pick up a certificate of title for the above named company in lieu of having them mailed pursuant to 56-19-340. This authority will remain in effect until revoked in writing.

Name of Person Authorized to receive Certificates of Title:

Printed Name	Signature	Driver License or Identification Number / State
Signature of Agent Giving Authorization	Agent's Title	Date

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