



South Carolina Department of Motor Vehicles

Application for Beginner's Permit, Driver's License, or Identification Card

447-NC
(Rev. 03/23/2022)

Complete this form for Non-Commercial Class Licenses or Permits: D, E, F, G, or M
Commercial Customers must complete Form 447-CDL for Class A, B, or C Licenses or Permits

South Carolina and federal law dictates that motor vehicle and driver's license records maintained by the SCDMV may be disclosed in certain situations. For further details on the disclosure of personal information and the types of information disclosed, go to the SCDMV website www.scdmvonline.com/Privacy.

NOTICE: Renew your non-commercial driver's license online at www.scdmvonline.com.
Commercial driver's license holders and international customers are not eligible to renew online.

STEP 1 - TYPE OF CARD

A. What type of card do you want? (Check one) Beginner's Permit Driver's License Identification Card Moped

B. Do you want it to be a REAL ID card? (Check one) Yes No

- If you select Yes**, you must provide the required documents (if you have not done so already) and a **gold star** will be printed on your card. Reference the documents required for a REAL ID on Forms MV-93 for US citizens or Form MV-94 for international customers.
- If you select No**, you must complete a Statement of Understanding (Form DL-005A) because your card will have the words **NOT FOR FEDERAL IDENTIFICATION** printed across the front of it. You must also provide the required documents if you do not currently have a valid SC card or you are not a US citizen. Reference the documents required for a standard card (**one** proof of address; proof of identity, date and place of birth; and social security number) on Forms MV-93 for US citizens or Form MV-94 for international customers.

STEP 2 - IDENTIFICATION

Beginner's Permit, Driver's License, or ID Number

Customer Number

Last Name		First Name			Middle Name		Suffix		
Residence Address (Must be your current address of residence and cannot be a P.O. Box)								County	
City or Town		State	Zip Code	Phone Number ()		Email Address			
Social Security Number* (SSN)		Date of Birth		Height		Weight	Eye Color	Race	Gender
		Month	Day	Year	Feet	Inches			<input type="checkbox"/> Male <input type="checkbox"/> Female

* Your Social Security number is required for the purposes of identifying you and preparing jury lists pursuant to South Carolina Code of Laws Sections 56-1-90 and 14-7-130.

I understand the SCDMV will send mail to the residence address above unless I have specified a special or temporary mailing address below.

Complete this section if you want to ADD or DELETE a special and/or temporary mailing address to or from your file.

OPTIONAL	Special Mailing Address - Optional to have your mail sent to an address different from residence address - An address in this section will NOT change/update your information with the State Election Commission.							County
	City or Town		State	Zip Code	Do you want to DELETE a special mailing address now on file?		<input type="checkbox"/> Yes	
	Temporary Mailing Address - Optional to have your mail sent to an address for a limited time period - An address in this section will NOT change/update your information with the State Election Commission.							Expiration Date
	City or Town		State	Zip Code	County	Do you want to DELETE a temporary mailing address now on file?		<input type="checkbox"/> Yes

STEP 3 - OPTIONAL

On my card I wish to be designated as a **Veteran** - Must provide DD-214 that indicates you were honorably discharged or one of the other acceptable documents listed on the 447-NC information sheet.
SC Code Section 56-1-80(A)(6) allows you to voluntarily disclose your medical conditions to the SCDMV to have a medical caduceus placed on the back of your license, permit, or ID card. You may add up to three medical conditions to your driving record.

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infection Disease | <input type="checkbox"/> Sickle Cell |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Neuroimmune Condition | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Eye Disorder | <input type="checkbox"/> Neurological Disorder | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Parkinson's Disease | |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Renal Failure | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Seizures | |

If selecting Autistic or Hearing Impaired, you must provide supporting documents:
 Autistic - Must provide a statement that you are medically diagnosed with autism from a physician who is licensed to practice in SC.
 Hearing Impaired - Must complete Application for the Hearing Impaired (SCDMV Form RG-004A).
 Remove medical condition(s)

STEP 4 - ORGAN AND TISSUE DONATION



YES, I want to be an organ and tissue donor. Amount of donation \$ _____ .00
 YES, I wish to donate \$5.00, more or less, to Donate Life SC.

If you are currently registered you must check "YES" to have the red heart reprinted on your license. If you marked "YES," you verify that you have read the organ donor statement below and you authorize the SCDMV to send your personal information to the SC Organ and Tissue Donor Registry. A red heart will be printed on the front of your driver's license. **Organ Donor Statement** - If you marked YES that you want to be an organ and tissue donor upon death, your authorization shall serve as a legally binding document as outlined under the SC Uniform Anatomical Gift Act. Except in the case where the donor is under the age of 18, the donation does not require the authorization of any other person. For donors under the age of 18, the legal guardian of the donor shall make the final decision regarding the donation. **If you change your decision to authorize in the future or wish to be removed from the SC Organ and Tissue Donor Registry**, you can go online to www.DonateLifeSC.org. You may also have your name removed from the registry by visiting any SCDMV office or www.SCDMVonline.com while completing a credential transaction. The SCDMV will assess an administrative fee for the change and there may be a 72 hour delay in removing your name from the SC Organ and Tissue Donor Registry.

