

South Carolina Department of Motor Vehicles Application to Issue or Replace 45-Day Temporary Plates

45-A (11/2024)

Pursuant to S.C. Code §§56-3-210, 56-3-1240(B).

FEE PAID	Date Plate Expires
Original Temporary Plate - \$10.00	·
Replacement Temporary Plate - \$5.00	

Conditions

- Temporary license plates cannot be used to test drive a vehicle or to operate a vehicle until it is sold.
- Temporary license plate and registration shall be valid for forty-five days from the date the vehicle is purchased.
- Liability insurance coverage must be in force for at least the minimum amounts required by South Carolina law.
- The Bill of Sale or Title indicating the date of purchase must be carried in the vehicle described above while in operation.
- Temporary license plates may not be recognized by other states. Individual sellers cannot purchase traceable temporary plates. Individual buyers must purchase plates.

Note: For newly purchased vehicles, a copy of the Bill of Sale or assignment document must accompany this form.

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Purchaser's Name - Individual or Purchaser					Date of Issuance		
Residence Address		Cit	City		State	Zip Code	
Mailing Address (if different from above)		City		State		Zip Code	
Please Check	: One						
☐ I am a Sou	th Carolina resident	am an out-of-state	resident				
Customer # or Driver's License #					Phone Number		
Year	Make	Vehicle Identification Number			Gross Vehicle Weight	DOT Number (if applicable)	
Insurance Company Date of S			Date of Sale	☐ Original Temporary Plate ☐ Replacement Temporary Plate			
Replacement	Reason:						
☐ Defective	☐ Lost/Stolen						
*Large commercial motor vehicle owners operating their vehicle only within South Carolina may use a motorcycle-							
☐ Yes, I wish to donate \$5.00, more or less, to Donate Life S.C Amount of Donation \$							
federal law, in	r that the information given in t correct or false information giv urchased. Plate may not be pla	en may result in civ	il liability and civil or ci			hat under applicable state and at no refunds are given for	
Print Name of Applicant				Signature of Applicant			
ECTION E	3 – to be completed by S	SCDMV employ	rees				
Issued By:	, ,	. ,	Office Numb	per and Co	ode:		

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Issued By:	Office Number and Code: