



# South Carolina Department of Motor Vehicles

## Application to Replace or Surrender Plate, Decal, or Registration

452  
(12/2024)

Applications are accepted at SCDMV branches or can be mailed to: SCDMV, 10311 Wilson Blvd., Building C, Blythewood, SC 29016-0019

### SECTION I - Name and Address of Registered Owner/Plate Information:

Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License Plate No. \_\_\_\_\_ Vehicle Identification Number \_\_\_\_\_

**\*For multiple plates, you must complete Section VI**

Golf Cart Permit # \_\_\_\_\_

**Update Voter Registration** Unless you indicate otherwise, the addresses above will be used by the State Election Commission to update your voter registration:  
☐ Do not update my residence address. ☐ Do not update my mailing address.

### SECTION II - Turn In/Report (check one) ☐ License Plate ☐ Golf Cart Permit

- ☐ Suspended ☐ Exchanged for Special Plate ☐ Relinquished Special Plate ☐ Found ☐ Moved out of state  
☐ Voluntary Turn In ☐ Voluntary Turn In (owner retained plate) ☐ Lost ☐ Other (state reason) \_\_\_\_\_  
☐ Vehicle Sold Date: \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_

☐ **Please check if you wish to obtain a receipt.**

### SECTION III - I wish to replace (check one) ☐ Expiration Year Decal ☐ Plate ☐ Registration

(Required) ☐ I attest that I have not requested or received a refund for vehicle property tax or registration fees for this license plate.  
If your license plate was turned in on a prior date or "other" is marked, additional requirements may be necessary for replacement.

I certify the plate, expiration year decal, or registration was: **(check one)** ☐ Turned In ☐ Other (state reason) \_\_\_\_\_

☐ Lost ☐ Stolen ☐ Destroyed ☐ Never Received ☐ Defective ☐ Damaged in Mail

#### INSURANCE CERTIFICATION (Required if replacing decal or plate.)

Under penalties of perjury, I declare this vehicle is insured with the following company named below and I will maintain liability insurance throughout the registration period.

Insurance Company Name: \_\_\_\_\_

### SECTION IV - Authorized individual making report or obtaining replacement (If different from registered owner)

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Authorized Individual \_\_\_\_\_

### SECTION V - I certify all information provided in this application is true and correct. (Required)

Registered Owner's Printed Name

Registered Owner's Signature

Date



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### SECTION VI - Only required for multiple plate turn in requests.

License Plate Number	Year/Make	Vehicle Identification Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**DMV USE ONLY:** Do not write below this line

New Plate \_\_\_\_\_ ID Presented \_\_\_\_\_ Office/Clerk \_\_\_\_\_ Date \_\_\_\_\_

☐ DMV Registration Refund Initiated

VISIT OUR WEBSITE AT [WWW.SCDMVONLINE.COM](http://WWW.SCDMVONLINE.COM)