



South Carolina Department of Motor Vehicles STATE OFFICIAL SPECIALTY LICENSE PLATE APPLICATION

5048
Rev. 12/2023

Please complete an application for each license plate requested and attach a copy of the current SC vehicle registration. Applications are NOT required for renewals.

Mail Applications to:
State Official Specialty License Plates
SC Department of Motor Vehicles
PO Box 1498, Blythewood, SC 29016-0038

Registration Fees (one year): Passenger Cars - \$20.00

| Light Trucks GVW Fees: | | | |
|------------------------|---------|---------------|---------|
| 0001-4000 | \$15.00 | 7001-8000 | \$40.00 |
| 4001-5000 | \$20.00 | 8001-9000 | \$45.00 |
| 5001-6000 | \$30.00 | 9001-10,000 | \$50.00 |
| 6001-7000 | \$35.00 | 10,001-11,000 | \$55.00 |

MEMBER INFORMATION

- New Member \$15 special plate fee New Vehicle \$15 special plate fee Keepsake Plate \$15 special plate fee
 Plate Transfer \$10 transfer fee (required)

The Registration fee is required in addition to the specialty plate fee.

| | | | | | |
|--|---|------------|----------------------|----------------------------------|---|
| Last Name | | First Name | | M.I. | |
| Residence Address | | | City | State | Zip Code |
| Business Address | | | City | State | Zip Code |
| Email Address | | | | | <input type="checkbox"/> Please mail plate to my mailing address. |
| Update Voter Registration | Unless you indicate otherwise, the addresses above will be used by the State Election Commission to update your voter registration: <input type="checkbox"/> Do not update my residence address. <input type="checkbox"/> Do not update my mailing address. | | | | |
| Gross Vehicle Weight (if applicable) | Make | Year | Current Plate Number | | |
| Vehicle Identification Number (VIN) | | | | | |
| Plate Transfer Request | Plate Number | New VIN | | | |
| <input type="checkbox"/> (Check to request a plate transfer) | | | | | |
| Name of Insurance Company | | | | Assigned Plate Number (if known) | |
| Contact Number (Home) | (Work) | (Mobile) | | | |

REGISTERED OWNER INFORMATION AS LISTED ON VEHICLE REGISTRATION (If different from above)

| | | | | | |
|------------------|--|--|------|-------|----------|
| Name | | | | | |
| Business Address | | | City | State | Zip Code |

Yes, I wish to donate \$5.00, more or less, to Donate Life S.C. Amount of donation \$ _____

I certify all information provided in this application is true and correct.

_____ Signature

_____ Print Name

_____ Date

State Board, Commission, Legislative, or Court Name and Number

DMV USE ONLY

| | | |
|--------------------|-----------------------|------------------------|
| Plate Number _____ | Customer Number _____ | Clerk's Initials _____ |
|--------------------|-----------------------|------------------------|