



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
10311 Wilson Blvd., Building C, 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 <input type="checkbox"/> (Check to request a plate transfer)	Plate Number	New VIN			
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 _____

VISIT OUR WEBSITE AT WWW.SCDMVONLINE.COM