DMV Customer Number associated with the below information
The information below has been data-captured: $\square$ Yes $\square$ No
Specialist Initials
Review Clerk
Trouble Ticket \#
Date Received (MM-DD-YY):
Specialist Initials
Comment:

## REQUESTOR INFORMATION

| DATE | REQUESTOR'S NAME |  |
| :--- | :--- | :--- |
| E-MAIL ADDRESS |  |  |
|  |  |  |
| PHONE NUMBER | FAX NUMBER |  |
| DEALER NAME | DMV DEALER NUMBER |  |

## CUSTOMER INFORMATION

|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| FULL LEGAL NAME |  |  |  |  |  |  |  |  |
| LAST NAME |  |  |  | FIRST |  | MIDDLE |  | SUFFIX |
| Date of Birth (MM-DD-YY) $\quad-\quad-$ |  |  |  | Last four digits of customer's Social Security \# |  |  |  |  |
| FORMER NAME USED AT DMV |  |  |  |  |  |  |  |  |
| LAST NAME |  |  |  | FIRST |  | MIDDLE |  | SUFFIX |
| CURRENT ADDRESS |  |  |  |  |  |  |  |  |
| CITY |  |  | STATE |  |  | ZIP CODE |  |  |
| PREVIOUS ADDRESS |  |  |  |  |  |  |  |  |
| CITY |  |  | STATE |  |  | ZIP CODE |  |  |
| a) Does the customer have a SC Driver's License? Yes <br> b) SC Credential (DL, BP, ID) Number : |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| c) Does the customer have an Out-of-State (OOS) Driver's License? |  |  |  |  |  |  |  |  |
| d) OOS Credential (DL, BP, ID) Number: $\qquad$ |  |  |  |  |  |  | State |  |
| e) Customer Number (Found on existing vehicle registration card or title): |  |  |  |  |  |  |  |  |
| f) VIN |  |  |  | YEAR | MAKE |  | PLATE |  |

NOTE: Individual customers must complete Form 4057 to change their name or address with DMV.
Business customers must submit name change requests on company letterhead and address changes on Form 4057.
LIST ALL CUSTOMER NUMBERS ISSUED TO THIS INDIVIDUAL OR BUSINESS

|  |  |  |  |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

By completing this document I hereby certify that all information contained herein to be true and correct and these changes are being made without fraudulent purpose or intent.

## Signature

## Date

This request will be addressed by the Data Quality Unit as soon as possible. Some requests may take longer than others depending on the level of research involved. Please allow the Data Quality Unit three (DMV) business days for a response.

[^0]
[^0]:    Information must be legible and may be submitted electronically or via fax.
    Fax: 803-896-5536 E-mail: evr@scdmv.net

