



# South Carolina Department of Motor Vehicles

EVR-1  
(May 2020)

## Individual Customer Number Application

This form is used by EVR dealers to request a customer number and/or if a keying error is made by the EVR title clerk during the creation of a SC Customer Number. The SCDMV can make corrections to a name or change an address. Example: customer's nickname "Mike" was entered by the dealership instead of the legal name "Michael".

If a customer needs to correct their legal name or SSN, they must go into a DMV branch office and complete SCDMV Form 4057, to include any supporting documents.

### SCDMV DATA QUALITY USE ONLY

Customer Number associated with the below information

1. TYPE OF REQUEST (select one):  Create New Customer OR  Modify/Correct existing customer information

### 2. DEALERSHIP INFORMATION

Date submitted to the DMV (MM-DD-YY) \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Dealership Name \_\_\_\_\_

DMV Dealer Number \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

### 3. CUSTOMER INFORMATION

a) Has the customer ever had a SC driver's license, permit or ID card?  No  Yes Card #, if known \_\_\_\_\_

b) Does the customer have a license, permit, or ID from another state?  No  Yes Card #: \_\_\_\_\_ State: \_\_\_\_\_

c) Is the customer from another country?  No  Yes If yes, attach **passport** and SCDMV Form **TI-006**

d) Customer Number (found on existing vehicle registration card or title) \_\_\_\_\_

### 4. CUSTOMER FULL LEGAL NAME (\* Mandatory Fields)

\* Last Name \_\_\_\_\_ \* First \_\_\_\_\_ \* Middle \_\_\_\_\_ \* Suffix \_\_\_\_\_

Former name used at DMV \_\_\_\_\_

\* Date of Birth (MM-DD-YY) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \* If US resident, last four digits of customer's Social Security # \_\_\_\_\_

Previous SC Street Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

### CUSTOMER ADDRESS INFORMATION

#### 5. PHYSICAL ADDRESS MANDATORY (Residence address, not PO Box)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County Code/Name \_\_\_\_ / \_\_\_\_ Country \_\_\_\_\_

#### 6. SPECIAL MAILING ADDRESS (If a customer's mailing address is different from their physical address)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County Code/Name \_\_\_\_ / \_\_\_\_ Country \_\_\_\_\_

#### 7. TEMPORARY ADDRESS (If applicable, address where customer will receive their mail on a temporary basis)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County Code/Name \_\_\_\_ / \_\_\_\_ Country \_\_\_\_\_

Expiration Date (MM-DD-YY) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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 \_\_\_\_\_