



**South Carolina Department of Motor Vehicles
INTERNATIONAL REGISTRATION PLAN (IRP)
CARRIER REFUND REQUEST**

MC-4
(06/2022)

In accordance with South Carolina State Law, you **may** qualify for a refund if you surrender an apportioned plate (P7 tag), provided all required registration fees have been paid and you meet any other requirements.

South Carolina may issue a refund on monies collected from you for **South Carolina fees only**. The refund amount will be issued based on the number of remaining unused months of the apportioned plate.

Once South Carolina distributes monies collected on behalf of other IRP jurisdictions, it is your responsibility to contact the other jurisdictions to request a refund. This office will provide you with a list of addresses for the other IRP jurisdictions so that you may contact them to inquire about their refund policy.

Complete the refund request form below and submit it to **SCDMV, Motor Carrier Services, P.O. Box 1498, Blythewood, South Carolina 29016-0027**.

Within 90 days of the date of sale or loss of the vehicle, you must submit all of the following items on list A or list B to receive a refund. Check (✓) the appropriate list that applies to you:

List A – If sold vehicle

- License plate and cab card, or sufficient proof that the cab card or plate was lost or stolen
- Schedule C to delete the vehicle out of the system
- Copy of Bill of Sale on sold vehicle

List B – If junked or destroyed vehicle

- License plate and cab card, or sufficient proof that the cab card or plate was lost or stolen
- Schedule C to delete the vehicle out of the system
- Copy of insurance claim on destroyed vehicle or proof that the Certificate of Title has been surrendered to the DMV on junked vehicle

Upon receipt of the required documentation, your refund will be processed. You should receive a refund check from DMV within four to six weeks.

IRP Account Number _____

Account Name _____

Street Address or Mailing Address _____

City _____ State _____ Zip Code _____

Signature of Company Representative _____

Date _____

FOR DMV USE ONLY

Prepared by (DMV Employee) _____

Office Number _____

Date _____

Processed by MCS Operations Management Team Member _____

Date _____