



South Carolina Department of Motor Vehicles

IRP/IFTA/Intrastate Account Modification Application

MC-Schedule C
(Rev. 12/2023)

Applications are accepted at SCDMV IRP/IFTA branches or can be mailed to: S.C. Department of Motor Vehicles, P.O. Box 1498 Blythewood, S.C. 29016-0027

Section I Name and Address of Registered Owner Information:

Customer No: _____ Name of Carrier/Business: _____ FEIN: _____
 Business Address: _____ City: _____ Zip: _____ County: _____
 Mailing Address: _____ City: _____ Zip: _____ County: _____

Section II Turn In/Report (check one) License Plate Cab Card/Registration IFTA License IFTA Decal/Plate Decal

License Plate No: _____ **Vehicle Identification No:** _____ **Fleet No:** _____ **Unit No:** _____
 Suspended Moved out of state Voluntary Turn In Lost Stolen Found Other (state reason) _____
 Vehicle Sold Date: _____ To: _____ Address: _____
 Please check if you wish to obtain a receipt.

Section III I wish to replace (check one) License Plate Cab Card/Registration IFTA License IFTA Decal/Plate Decal

License Plate No: _____ **Vehicle Identification No:** _____ **Fleet No:** _____ **Unit No:** _____
(Required) I attest that I have not requested or received a refund for vehicle property tax or registration fees for this license plate.
 If your license plate was turned in on a prior date or "other" is marked, additional requirements may be necessary for replacement.
 I certify the plate, expiration year decal, IFTA decal, or registration/cab card was: (check one) Turned In Other (state reason) _____
 Lost Stolen Destroyed Never Received Defective Damaged in Mail

Section IV I wish to: Transfer Plate

Plate No to be Transferred	Targeted Vehicle VIN	Targeted Vehicle Unit No	Gross Vehicle Weight	US DOT Number

Section V Transaction Type(s): Add Vehicle Delete Vehicle VIN Correction Increase Weight

Change Unit/US DOT Number Close IRP Account

Plate No	New Unit No	Transaction Type (A=Add D=Delete U=Update)	Vehicle Identification Number	Year	Make	Body Style	Axle/Seats	Gross Vehicle Weight	New US DOT Number

(A list will be accepted for additional vehicles with the corresponding information)

INSURANCE CERTIFICATION (Required if replacing decal or plate, transferring a plate, and/or adding vehicle(s).)

Under penalties of perjury, I declare the vehicle(s) listed above is/are insured with the following company named below and I will maintain liability insurance throughout the registration period.

Insurance Company: _____ Policy Number: _____

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

Owner/Authorized Individual making report or obtaining replacement (Power of Attorney Authorization Form must be on file for Authorized Individual)

Registered Owner's Name: _____ Authorized Individual Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Signature _____



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DMV USE ONLY: Do not write below this line

New Plate _____ Branch Office _____ Specialist _____ Date _____