

Assigned Plate Number

South Carolina Department of Motor Vehicles License Plate Application for Firefighters and Volunteer Firemen

MV-95A (05/2022)

APPLICATION (PLEASE TYPE OR PRINT IN BLACK INK):

- 1. Indicate the plate you desire and complete the application information.
- 2. Requires Certification by the Chief Officer of the Fire Unit that applicant is an active or retired firefighter or a Volunteer Fireman.

3. For private passenger motor vehicles owned by the Firefighter or Volunteer Fireman.

- 4. Your application must be mailed to S.C. Department of Motor Vehicles, P.O. Box 1498, Blythewood, S.C. 29016-0038.
 - The plates are for cars or light trucks with an empty weight of 9,000 lbs. or less and a gross weight of 11,000 lbs.
 - Depending on your present expiration date, an updated tax receipt and additional fees may be required.
 - Registration fees are as follows

Passenger Car - \$40.00

Light Truck GVW Fees:

0001-4000 \$30.00 7001-8000 \$80.00 4001-5000 8001-9000 \$40.00 \$90.00 5001-6000 \$60.00 9001-10,000 \$100.00 10,000-11,000 6001-7000 \$70.00 \$110.00

Senior Citizen Fees are as follows:

Passenger Car - \$36.00 (age 65) \$38.00 (age 64)

Light Truck with a GVW of no more than 6,000 lbs. the fee is \$30.00

APPLICANT INF	ORMATION					
☐ FIREFIGHTER		☐ VOLUNTEER FIREFIGHTEI		Ł	Total Fees Included:	
· ·	egistration Fee)	(\$30.00 + Registration			\$	
Last Name	<u> </u>	First Nam∉ee)		M.I.		
Residence Address	S	,1				
City		State	Zip Code			
Gity		State	Zip Jode			
I understand the Department will send mail to the residence address above unless I have specified a mailing address below.						
Mailing Address						
City State		Zip Code		E-mail Address		
Update Voter	Unless you indicat	re otherwise, the addre	esses above will be u	sed by the Sta	te Election Commission to update your voter	
Registration		Do not update my reside		•	• • •	
		. ,	· , , =		, , ,	
Telephone Number (Home)		(Work)	'	(Mobile)		
Vehicle Identification Number		Make		Year	Current Vehicle Plate Number	
INSURANCE INFORMATION						
		s vehicle is insured	with the company	named below	v and I will maintain liability insurance	
	egistration period.	5 VOI 11010 10 11104. 24 .	with the company.	idiliod bo.c	rand I will maintain habiting modification	
-						
Name of Insuran	ce Company:					
Yes, I wish to donate \$5.00, more or less, to Donate Life S.C. Amount of donation \$00						
CERTIFICATION	N BY CHIEF OFFICER	OF THE FIRE UNI	<u>—</u> т			
I certify that the applicant is an active or retired South Carolina Firefighter .						
Certified By:	Certified By: Signature Printed Name					
CG . He at the c	Signature					
I certify that the applicant is a South Carolina Volunteer Fireman and a member of the Fire Department whose membership is certified by the Municipal Clerk or County Council.						
Certified By:						
	Signature	;		Printed N	Name	
APPLICANT CERTIFICATION						
I certify all information provided in this application is true and correct.						
Certified By:						
-,-	Signature			Printed Name		
	<u>DMV USE ONLY</u>					

Clerks Initials