

## South Carolina Department of Motor Vehicles Reserved Application for Special License Plate

PL-504C (03/2024)

Use this form to obtain reserved numbers in the plate series for special issuance to assigned vehicle owners. Any vehicle owner requesting a special license plate under this assignment must request the plate through the organization by completing this form. Vehicle owners assigned a special license plate will be notified if additional registration fees are due at the time the license plate is issued. Fees are determined by the expiration date of the vehicle owner's current plate. Return completed applications and remittance to: South Carolina Department of Motor Vehicles, Attention: Specialty Plates Review Officer, PO Box 1498, Blythewood, SC 29016-0038.

NOTE: Please make checks or money orders payable to the **South Carolina Department of Motor Vehicles**.

- The plates are for cars or light trucks with an empty weight of 9,000 pounds or less and a gross vehicle weight (GVW) of 11,000 pounds or less.
- Depending on your present expiration date, an updated tax receipt and additional fees may be required.
- No senior citizen discount on the special plate fee.
- Registrations Fees are as follows:

Passenger Car - \$40.00 Light Truck GVW Fees:

0001-4000 \$30.00 7001-8000 \$80.00 4001-5000 \$40.00 8001-9000 \$90.00 5001-6000 \$60.00 9001-10,000 \$100.00 6001-7000 \$70.00 10,001-11,000 \$110.00

Senior Citizen Fees are as follows:
 Car - \$36.00 (age 65)
 \$38.00 (age 64)
 Light truck with a GVW of no more than 6,000 pounds fee is \$30.00.

SECTION I Completed by the organization assigning a special license plate.						
Plate Name:		Orga	Organization Name:			
Street No. City		City		State	ZIP Code	
Name of Contact Person		Telephone		Contact E-mail Address		
Write the plate number of the special license plate here that your organization is assigning to the vehicle owner named in Section II.						
Please assign pla	te number:		to the registered owner or owners listed below.			
SECTION II Completed by vehicle owner requesting an assigned special license plate.						
Last Name		First Nam	Э		Middle Initial	
Residence Address						
Mailing Address (		Email Address				
City	State	Zip C	ode (A	Area Code)	Telephone Number	
Update Voter Registration	Unless you indicate otherwise, registration:   Do not update	ne addresses above will be used by the State Election Commission to update your voter by residence address.   Do not update my mailing address.				
Vehicle Identificat	ion Number	Make	Year	Curren	t Vehicle Plate Number	
INSURANCE INFORMATION Under penalties of perjury, I declare this vehicle is insured with the company named above and I will maintain liability insurance throughout the registration period.						
Name of Insurance Company						
Yes, I wish to donate \$5.00, more or less, to Donate Life S.C. Amount of donation \$						
CERTIFICATION STATEMENT I certify all information provided in this application is true and correct.						
Vehicle Owner's Signature			Date			
DMV USE ONLY	Check No.	Amount \$	Plate No.	C	lerk Initials	