

South Carolina Department of Motor Vehicles RENTAL CAR QUALITY ASSURANCE SERVICE PROVIDER CHANGE REQUEST

RC-001G (06/2024)

This form is used by Rental Car Participants who are requesting a service provider change. This form must be emailed to Rentalcar@scdmv.net or mailed to SCDMV-RCQA PO Box 1498, Blythewood, SC 29016-0022.

1. RENTAL CAR PARTICIPANT INFORMATION		
Date / / Customer Number(s):		
Rental Car Participant		
Physical Address		
City	State	Zip Code
Telephone Number Email	Address	
Authorized Personnel Name	Aut	horized Personnel Signature
2. SERVICE PROVIDER INFORMATION (*completed by	the Rental Car Part	icipant)
Current Service Provider		
Service Provider Contact Name		
New Service Provider		
New Service Provider Contact Name		
Email Address of New Service Provider		
Physical Address		
City		Zip Code
Telephone Number		
FOR RCQA	UNIT ONLY	
☐ Change Approved ☐ Change Not Approved		
Comments:		
-		
Last Date to Process Transactions with Current Service Provide	er	
First Date to Process Transactions with New Service Provider		
RCQA Signature		Date