



South Carolina Department of Motor Vehicles

Application for the Hearing Impaired

RG-004A
(03/2021)

South Carolina Code of Law §56-1-205 and 56-3-1920 allows an individual who has been certified with uncorrectable hearing loss of 40 decibels or more in one or both ears to obtain a special hearing impaired restriction (Y) along with outside mirror restriction (J) on his or her driver's license, beginner's permit, and/or a hearing impaired placard. This placard and/or license/beginner's permit restriction is to alert law enforcement and others to the driver's condition and **NOT** for special parking privileges. Limit one (1) placard per applicant. South Carolina Code of Law §56-3-115 allows the SCDMV to add a notation to a private passenger-carrying motor vehicle registration in Member Services to alert law enforcement that a driver may be deaf or hard of hearing. To apply for the restriction, placard, and/or the Member Services notation, the person must have a current license or permit and a valid registration. A physician must complete the medical statement below certifying the hearing loss for all items listed in Section 1, and either a physician or audiologist can complete the medical statement for Section 2. (NOTE: A medical statement is not required for a replacement or renewal.) For answers to additional questions, call (803) 896-5000.

SECTION 1 – Placard, Driver's License/Beginner's Permit, or Both

Placard	Driver's License/Beginner's Permit	Both
<input type="checkbox"/> Placard (By mail ONLY)	<input type="checkbox"/> Driver's License/Beginner's Permit (Does not apply toward IDs or CDLs)	<input type="checkbox"/> Placard AND Driver's License/Beginner's Permit restrictions
Explanation	Explanation	Explanation
I would only like to obtain a hearing impaired placard.	I would only like to add the Hearing Impaired restriction (Y) along with Outside Mirror restriction (J) to my Driver's License/Beginner's Permit.	I would like to obtain a hearing impaired placard AND add the hearing impaired and outside mirror restrictions.
Instructions	Instructions	Instructions
1) Check one of the following: <input type="checkbox"/> Original <input type="checkbox"/> Replacement <input type="checkbox"/> Renewal NOTE: A medical statement (SECTION 4) is not required for a replacement or renewal. 2) Mail the completed application along with a check or money order in the amount of \$5.00 (NO CASH ACCEPTED) payable to SCDMV at the following address: SC Department of Motor Vehicles 10311 Wilson Blvd., Building C, Blythewood, SC 29016-0035	1) Take the completed application into a DMV branch office to have the restrictions added to your driver's license or beginner's permit. 2) Complete Form 447-NC Application for Beginner's Permit, Driver's License or Identification Card. 3) Surrender your current credential to the DMV branch office. 4) Pay the applicable fee to renew or modify your credential.	1) Take the completed application into a DMV branch office to have the restrictions added to your driver's license or beginner's permit. 2) Complete Form 447-NC Application for Beginner's Permit, Driver's License or Identification Card. 3) Surrender your current credential to the DMV branch office. 4) Pay the applicable fee to modify or renew your credential in addition to \$5.00 for the placard. (Placard fee must be separate) 5) You will receive the license before you leave the branch office. The <i>branch</i> office will forward the application to the headquarters and the placard will be mailed to you.

SECTION 2 – Vehicle Registration Notation for Law Enforcement (This section must be completed if the customer is applying for the registration notation.)

Vehicle Identification Number	Make	Year	Current Vehicle Plate Number	Gross Vehicle Weight
Signature of Vehicle Owner/Lessee	Print Name of Vehicle Owner/Lessee	Print Name of Hearing Impaired Driver	Date	

SECTION 3 – Customer Information (Individual with Hearing Impairment)

Last Name	First Name	Middle name	Date of Birth (MM/DD/YYYY)	
Physical SC Address	City	State	Zip Code	SC Driver's License, Beginner's Permit or Customer No.
Mailing Address (if different from above)	City	State	Zip Code	Daytime Phone Number
Email Address				

☐ Yes, I wish to donate \$5.00, more or less, to Donate Life S.C. Amount of donation \$ _____.00

I certify that the above information is true and correct.

Signature of Applicant _____ Print Name of Applicant _____

SECTION 4 – Medical Statement (See instructions at top for a list of those authorized to sign.)

I certify that the applicant has a permanent, uncorrectable hearing loss of forty decibels or more in one or both ears and that I am a licensed physician.

Signature of Authorized Medical Professional _____ Print Name of Authorized Medical Professional _____ Date _____

Professional License No. _____ Office Phone Number _____

DMV USE ONLY

Check No. _____ Amount _____ Placard No. _____ CSRs Initials _____ Check if medical statement is on file. ☐