



South Carolina Department of Motor Vehicles

Application for Placard and/or License Plate for People Who Have a Disability

RG-007A
(05/2022)

Applications are accepted at SCDMV branches or can be mailed along with a check or money order (no cash accepted) payable to **SCDMV, PO Box 1498, Blythewood, SC 29016-0019**

Section 1 – Check type of transaction

Original
 Renewal
 Replacement – Prior Plate/Placard Number: _____
 Add Parking Authorized (\$1.00)
 Remove Authorized Person, name: _____

LICENSE PLATE Passenger Vehicle (\$36.00) Motorcycle (\$10.00)

If qualified, please mark the military plate desired.

Disabled Female Veteran Wheelchair (Must also meet requirements for Veteran who has a disability. No fee)
 Disabled Veteran Wheelchair (Must also meet requirements for Veteran who has a disability. No fee)
 Female Veteran Wheelchair (Must also meet requirements for Veteran)
 Purple Heart Wheelchair (Must also meet requirements for Purple Heart. No fee)
 Veteran Wheelchair (Must also meet requirements for Veteran)

Note: New military plates applications are processed by mail-in only.

PLACARD – \$1.00 Limit 1 per applicant. Applicant must have a SCDL, BP, or ID photo on file with the SCDMV. **Placard will be mailed to applicant.**

Temporary (impairment must be at least 4 months, but not to exceed 1 year)
 Permanent (valid for 4 years)

Placard Registration Certificate must remain in the vehicle when the placard is being used.

Section 2 – Person’s Information (* indicates optional information)

Last Name: _____ First Name: _____ Middle Name: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

All correspondence will be mailed to the address of the applicant.

City: _____ State: _____ Zip Code: _____

Update Voter Registration Unless you indicate otherwise, the addresses above will be used by the State Election Commission to update your voter registration.

Do not update my residence address. Do not update my mailing address.

(Area Code) Telephone Number:* _____ Person’s SC Driver License, BP, or ID Number: _____

Date of Birth:* _____ Social Security Number :* _____ Email Address:* _____

I certify that this information is true and correct.

Signature of Person _____ Printed Name of Person _____ Date _____

Section 3 – Vehicle Information – (This section is NOT REQUIRED when only applying for a placard.) Gross Vehicle Weight: _____

Vehicle Identification Number: _____ Make: _____ Year: _____ Current Vehicle Plate Number: _____

Owners Information

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____ Email:* _____

(Area Code) Phone Number:* _____ SC Driver’s License, BP or ID _____

YES, I wish to donate \$5.00, more or less, to Donate Life SC. Amount of donation \$ _____ .00

INSURANCE CERTIFICATION

Under penalties of perjury, I declare this vehicle is insured with _____ and I will maintain liability insurance throughout the registration period.

(Insurance Company)

Signature of Vehicle Owner _____ Printed Name of Vehicle Owner _____ Date _____

Section 4 – Physician’s Statement

A licensed Physician, an Advanced Practice Registered Nurse (APRN), or a Physician Assistant (PA) must complete this portion of the application and must indicate the disability and length of disability. APRNs are nurse practitioners, certified nurse-midwives, clinical nurse specialists, and certified registered nurse anesthetists.

This is to certify that _____ Name of Applicant (Please Print) _____ Date of Birth _____ has the following condition(s):

An inability to ordinarily walk one hundred feet nonstop without aggravating an existing medical condition, including the increase of pain;
 An inability to ordinarily walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
 A restriction by lung disease to the extent that the person’s forced expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest;
 Requires use of portable oxygen;
 A cardiac condition to the extent that the person’s functional limitations are classified in severity as Class III or Class IV according to standards established by the American Heart Association. If the person’s status improves to a higher level, for example as a result of bypass surgery or transplantation, he or she no longer meets this criteria;
 A substantial limitation in the ability to walk due to an arthritic, neurological, or orthopedic condition, for example, coordination problems and muscle spasticity due to conditions that include Parkinson’s disease, cerebral palsy, or multiple sclerosis; or
 Blindness.

This disability is: Permanent Temporary – length of time _____ **(Impairment must be at least for 4 months, but not to exceed 1 year)**

I certify that I am: a licensed Physician an APRN a PA Professional License No. _____ Physician Office Phone No.: _____

Printed Name of Physician, APRN, or PA _____ Signature of Physician, APRN, or PA _____ Date _____

DMV USE ONLY	Check No.	Amount	Plate No.	Placard No.	TLS Initials
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(05/2022)

Instructions for completing RG-007A Application for Placard and/or License Plate for People Who Have a Disability

LICENSE PLATES

Plates are available to people, or their immediate family members, who a licensed Physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) have certified as having a permanent disability for vehicles registered to the person who has a disability or an immediate family member with the same address. APRNs are nurse practitioners, certified nurse-midwives, clinical nurse specialists, and certified registered nurse anesthetists. A registration certificate, which lists the name of the person who has a disability, will be issued with each plate and must be maintained in the applicable vehicle. The plate fee is \$36.00.

PLACARDS

Placards are available to people who a licensed Physician, ARPN, or PA have certified as having a disability. To apply, you must have a current driver's license, beginner's permit, or identification card photo on file with the SCDMV. If a photo is not on file, you must apply for one before a placard can be issued. A registration certificate will be issued with each placard and must remain with the person who has a disability when the placard is used. The placard fee is \$1.00 and only one placard may be issued per applicant.

RG-007A Application for Placard and/or License Plate for People Who Have a Disability

Complete a separate application form for each person who has a disability.

Section 1 - Check type of transaction

All applicants must complete this section.

- Check One:
- **Original** – For first-time applicants
 - **Renewal** – To renew placard or license plate
 - **Replacement** – To replace a lost, stolen or destroyed plate, or placard and certificate
 - **Add Person who has a disability**– To add the name of an individual who has a disability to the Registration Certificate (\$1.00)
 - **License Plate** – To apply for a wheelchair license plate. *Choose type (Passenger Vehicle or Motorcycle)*
 - *Purple Heart Wheelchair (applicants must meet requirements for Purple Heart)*
 - *Veterans who have a disability (applicants must meet requirements for Veteran who has a disability)*
 - **Placard** – To apply for a placard, indicate if placard is temporary or permanent

Section 2 – Person who has a disability information (Required for ALL applicants.)

Provide the full legal name, street and mailing address, including city, state, zip code, and the phone number of the person who has a disability. List the SC driver's license, beginner's permit, or identification card number of the person who has a disability. Signature of person who has a disability or legal guardian required.

The Update Voter Registration opt-out check boxes do not apply to business customers.

Section 3 – Vehicle Information (Required if requesting plate only.)

Complete this section only if you are applying for a license plate. License plates may be issued to vehicles used to transport a certified person who has a disability if the vehicle is owned and titled in the name of the person who has a disability or his or her immediate family member, who resides in the same household. The fee is \$20.00 every two years. Indicate Gross Vehicle Weight (GVW) for property carrying vehicles.

Indicate if you wish to donate to Donate Life SC. If you would like to make a donation, indicate the amount in the space provided. For more information on Donate Life SC, visit www.donatelifesc.org.

The vehicle owner must sign to certify that the vehicle is insured and will maintain insurance throughout the registration period. The name of the liability insurance company should be listed, not the agent.

Section 4 – Medical Statement

A licensed Physician, ARPN, or PA must complete this portion of the application. The Physician, ARPN, or PA must certify the applicant as having a disability by checking the qualifying conditions. The Physician, ARPN or PA must also indicate if the disability is permanent or temporary (impairment must be for at least four months not to exceed one year) and state the length of the disability in the space provided.

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SC Department of Motor Vehicles
P O Box 1498
Blythewood, SC 29016-0019