



South Carolina Department of Motor Vehicles

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

RG-007A
(02/2025)

Applications are accepted at SCDMV branches or can be mailed along with a check or money order (no cash accepted) payable to SCDMV, 10311 Wilson Blvd., Building C, Blythewood, SC 29016-0019

Section 1 – Applicant Information (* Indicates Required)			
Last Name _____		First Name _____ Middle Name _____	
Residence Address _____		City _____	State _____ Zip Code _____
Mailing Address (If different from residence address) _____ <small>All correspondence will be mailed to the address of the applicant</small>		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: <input type="checkbox"/> Do not update my residence address. <input type="checkbox"/> Do not update my mailing address.		
Telephone Number:* _____		SC Driver's License, BP, or ID Number:* _____	
Date of Birth:* _____		Social Security Number: _____ Email Address:* _____	
I certify that this information is true and correct.			
Signature of Applicant (Parent/Legal Guardian) _____		Printed Name of Applicant (Parent/Legal Guardian) _____ Date _____	
Section 2 - Transaction Type			
Check type of transaction <input type="checkbox"/> Plate <input type="checkbox"/> Placard <input type="checkbox"/> Plate and Placard		<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Remove Authorized Person, name: _____ <input type="checkbox"/> Add Parking Authorized (\$1.00) <input type="checkbox"/> Replacement – Prior Plate/Placard No. _____	
PLACARD - \$1.00 Limit 1 per applicant. Note: Placard Registration Certificate must remain in the vehicle when the placard is being used.			
Section 3 – 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 _____ has the following condition(s): <div style="text-align: center;">Name of Applicant (please print) Date of Birth</div> <input type="checkbox"/> An inability to ordinarily walk one hundred feet nonstop without aggravating an existing medical condition, including the increase of pain; <input type="checkbox"/> 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; <input type="checkbox"/> 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; <input type="checkbox"/> Requires use of portable oxygen; <input type="checkbox"/> 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; <input type="checkbox"/> 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 <input type="checkbox"/> Blindness; <input type="checkbox"/> Autistic or neurodivergent or who are parents of children who are autistic or neurodivergent. (This is for the issuance of the autistic/neurodivergent plate. This plate will not get the handicapped designation. Applicants must complete Form MV-95).			
This disability is: <input type="checkbox"/> Permanent (placard valid for 4 years) <input type="checkbox"/> Temporary – length of time _____ (Impairment must be at least for 4 months, but not exceed 1 year) I certify that I am: <input type="checkbox"/> A licensed Physician <input type="checkbox"/> An APRN Professional License No. _____ Physician Office Phone No. _____			
Printed Name of Physician, APRN, or PA _____		Signature of Physician, APRN, or PA _____ Date _____	
Section 4 – Only Required for License Plate (Available to individuals with a permanent disability only)			
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 . *For military plate applications, customers must mail-in a completed Form MV-37 Application for Military License Plates , in addition to this form.			
LICENSE PLATE <input type="checkbox"/> Passenger Vehicle (\$36.00) <input type="checkbox"/> Motorcycle (\$10.00) <input type="checkbox"/> Military (*Must mail in completed Form MV-37)			
Vehicle Information Owner Last Name _____ First Name _____ MI _____ Street Address _____ Mailing Address (If different) _____ Vehicle Identification Number: _____ Make _____ Year _____ Current Vehicle Plate Number _____ Gross Vehicle Weight _____ SC Driver's License, BP, or ID _____ <input type="checkbox"/> 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 through the registration period. <div style="text-align: center;">(Insurance Company)</div>			
Signature of Vehicle Owner _____		Printed Name of Vehicle Owner _____ Date _____	
DMV USE ONLY	Check No. _____	Amount _____	Plate No. _____ Placard No. _____ TLS Initials _____



South Carolina Department of Motor Vehicles

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

RG-007A
(02/2025)

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 license Physician, APRN, or PA have certified as having a disability. 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 – Applicant's information

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 (if applicable). 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 2 – Transaction Type

All Applicants must complete this section.

- Check One:
- **Plate** – For customers who only want a plate. Must complete all sections
 - **Placard** – For customers who only want a placard. Must complete sections 1-3
 - **Plate and Placard** – For customers who want both plate and placard. Must complete all sections
 - **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)

Section 3 – Physician's Statement

A licensed Physician, APRN, or PA must complete this portion of the application. The physician, APRN, or PA must certify the applicant as having a disability by checking the qualifying conditions. The Physician, APRN, or PA must also indicate if the disability is permanent or temporary (impairment must be for at least 4 months not to exceed 1 year) and state the length of the disability in the space provided.

Section 4 - Only Required for License Plate (Available to individuals with a permanent disability 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/her immediate family member who resides in the same household. Gross Vehicle Weight (GVW) for property carrying vehicles. If interested in applying for a military plate, you must mail-in a completed [Application for Military License Plate \(Form MV-37\)](#) in addition to RG-007A.

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, 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.

Applications are accepted at an SCDMV branch or can be mailed to the following address along with a check or money order (no cash accepted) payable to the SCDMV:

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