



South Carolina Department of Motor Vehicles

Habitual Offender Reduction Request

VS-001A
(Rev. 06/2023)

If you are declared a habitual offender and **have served at least two years** of the habitual offender suspension, you may request the Department reduce your five-year suspension by completing and submitting this application to the South Carolina Department of Motor Vehicles, Driver Records, PO Box 1498, Blythewood, SC 29016-0029

If your habitual offender suspension reduction is granted and you are convicted of a violation listed in SC Code §56-1-1020 that occurred during your original habitual offender suspension period, your license will be again suspended for the time period your suspension was reduced.

Legal Name: _____

Date of Birth: _____ Driver's License No.: _____

Residence Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Update Voter Registration

Unless you indicate otherwise, the address above will be used by the State Election Commission to update your voter registration:

Do not update my residence address.

The SCDMV will send mail to the residence address above unless you specify a mailing address below. Listing an address below does not constitute an official address change with the SCDMV. The address listed below will only be used to respond to the specific request contained on this form.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Habitual Offender Suspension Date: _____ To: _____

I, _____, state, depose, and
(printed name of person who is signing this sworn statement and was declared as a habitual offender)

say that all of the following are true:

1. Have you served two years of the habitual offender suspension? Yes No
2. Have you ever had a previous habitual offender suspension? Yes No
3. Have you driven a motor vehicle during your habitual offender suspension? Yes No
4. Have you received an alcohol or drug violation during your habitual offender suspension? Yes No
5. Have you been convicted or have charges pending for any offense listed in §56-1-1020 committed during the habitual offender suspension? Yes No
6. Have you ever applied for a habitual offender reduction? Yes No

Sworn Statement

I hereby certify that the information I have provided is true, accurate, and complete under penalty of perjury in accordance with SC Code §16-9-10. I understand that if the Department grants this request but later discovers that the information on this form was not true, accurate, and complete, I will be required to serve any unserved portion of the five-year habitual offender suspension.

Signature

Date

FOR DMV USE ONLY	
DMV Staff Recommendation:	<input type="checkbox"/> Do not reduce <input type="checkbox"/> Reduce
	<div style="display: flex; justify-content: space-between;"> _____ Signature of staff member _____ Date request reviewed </div>
DR Manager or their designee:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
	<div style="display: flex; justify-content: space-between;"> _____ Signature of DR Manager or their designee _____ Date </div>